

# MEDICAID ADVISORY COMMITTEE (MAC)

Monday, October 21, 2013

## Agenda

**Time: 1:00pm-4:00pm** \*Location: Plaza San Miguel, 729 St. Michael's Drive, Santa Fe

Committee Chairperson:  
Committee Support Person:

Larry Martinez, Presbyterian Medical Services  
Desbah Farden, HSD/MAD

Committee Members:

Michael Batte, Public Member  
Roselyn Begay, Navajo Nation Division of Health  
Jeff Dye, New Mexico Hospital Association  
Mary Eden, Presbyterian Healthcare Services  
Joie Glenn, NM Association for Home & Hospice Care  
Michael Hely, New Mexico Legislative Council Service  
Ruth Hoffman, Lutheran Advocacy Ministry New Mexico  
Nancy Koenigsberg, Disability Rights New Mexico  
Larry Lubar, New Mexico Dental Association  
Carol Luna-Anderson, The Life Link/BHPC  
Steve McKernan, University of New Mexico Hospital

Carolyn Montoya, UNM College of Nursing  
Gino Rinaldi, Aging & Long Term Services Department  
David Roddy, New Mexico Primary Care Association  
Marilyn Rohn, Behavioral Health Consumer Affairs  
Daphne Rood-Hopkins, Children, Youth & Families Department  
Linda Sechovec, New Mexico Health Care Association  
Laurence Shandler, Pediatrician  
Dale Tinker, New Mexico Pharmacists Association  
Gene Varela, AARP New Mexico  
Retta Ward, New Mexico Department of Health

HSD Representatives:

Julie Weinberg, HSD/MAD Director  
Mark Pitcock, HSD/MAD

Brent Earneest, HSD Deputy Secretary  
Kari Armijo, HSD/MAD

DISCUSSION ITEM	DISCUSSION LEADER	DESCRIPTION	TIME
I. Introductions	MAC Chairperson	Introduction of all committee members, staff and guests.	1:00
II. Approval of Agenda	MAC Chairperson	Approval of agenda items.	1:05
III. Approval of Minutes	MAC Chairperson	Committee approval of minutes from the previous meeting held July 15, 2013.	1:10

DISCUSSION ITEM	DISCUSSION LEADER	DESCRIPTION	TIME
IV. Medicaid Budget Projections	Julie Weinberg, Director, Medical Assistance Division, Human Services Department	Review and discussion of the current Medicaid Budget Projections.	1:15
V. ACA Activity Update	Kari Armijo, Health Care Reform Manager, Medical Assistance Division, Human Services Department	Discussion of Alternative Benefit Plan (ABP).	1:45
VI. Enrollment Process Update	Mark Pitcock, Deputy Director, Medical Assistance Division, Human Services Department	Implementation of the enrollment process phase of Centennial Care.	2:15
VII. ASPEN	Mark Pitcock, Deputy Director, Medical Assistance Division, Human Services Department	Update on the Automated System Program and Eligibility Network.	2:45
VIII. Director's Report	Julie Weinberg, Director, Medical Assistance Division, Human Services Department	Report from the Director on current division activities.	3:15
IX. Public Comment	MAC Chairperson	Opportunity for comments on the discussions from any interested parties.	3:45

**\*Please be advised of meeting location change**

Human Services Department  
Plaza San Miguel-Room #33  
729 St. Michael's Drive  
Santa Fe, NM 87505

**Medicaid Advisory Committee (MAC)  
MEETING MINUTES  
July 15, 2013**

**Time: Start 1:00 End 4:25 p.m. Place: Garrey Carruthers State Library, Santa Fe**

Chair:

Desbah Farden, Committee Support Person

Recorder:

Committee Members:

Michael Batte, Public Member  
Desbah Farden, Committee Support Person  
  
Michael Batte, Public Member  
Jeff Dye, NM Hospital Association  
Mary Eden, Presbyterian Healthcare Services  
Joie Glenn, NM Association for Home & Hospice Care  
Michael Hely, NM Legislative Council Service  
Ruth Hoffman, Lutheran Advocacy Ministry NM  
Nancy Koenigsberg, Disability Rights NM

Larry Lubar, NM Dental Association  
Carol Luna-Anderson, The Life Link/Behavioral Health Planning Council  
Carolyn Montoya, UNM College of Nursing  
Linda Sechovec, NM Health Care Association  
Laurence Shandler, Pediatrician  
Dale Tinker, NM Pharmacists Association

Absent Members:

Roselyn Begay, Navajo Nation Division of Health  
Larry Martinez, Presbyterian Medical Services  
Steve McKernan, UNM Hospital  
Gino Rinaldi, NM Aging & Long Term Services Department  
David Roddy, NM Primary Care Association

Marilyn Rohn, Behavioral Health Consumer Affairs  
Daphne Rood-Hopkins, Children, Youth, & Families Department  
Gene Varela, AARP NM  
Retta Ward, NM Department of Health

Staff & Visitors Attending:

Julie Weinberg, HSD/MAD Director  
Kari Armijo, HSD/MAD  
John Johnson, Presbyterian Health Plan  
Sharon Huerta, BCBSNM  
Mark Pacilla, AGP  
Stephen Snarr, Sunovion Pharm  
Ellen Pinnes  
Ruth Williams, YDI-Elev8 NM  
Richard Strauss, Optum  
Edwina Olivas, UNM Pharmacy  
Mary Kay Pera, NMA SBHC  
Eileen Goode, NM Primary Care Association  
Karen Meador, HSD/BHSD  
Sovereign Hager, NM Center on Law & Poverty  
Joe Martinez, Health Action NM

Brent Earnest, HSD Deputy Secretary  
Anita Schwing, HSD/MAD  
Bob Horowitz, First Choice  
Jacob Salmon, UNM College of Pharmacy  
Doris Husted, The Arc of NM  
Guy Surdi, GCD  
Perry Steen, United Healthcare  
Susannah Burke, PB&J  
Joe Tschanz, ALTSD  
Steve Pozernmik, Home Care Options  
Heather Ingram, Xerox  
Jeanene Kerestes, Molina Health Care  
Jennifer Thome-Lehman, DOH/DDSD  
Janis Gonzales, DOH  
Agnes Muldonado, DDPC  
  
Ellen Costilla, HSD/MAD  
Jody Harris, UNM Hospital  
Charlotte Roybal, Policy Connections  
Marilyn Bennett, New Vistas  
Paige Duhamel, Southwest Women's Law Center  
Paula Woodyatt, San Juan Center for Independence  
Priscilla Largo, San Juan Center for Independence  
Judy Ford, San Juan Center for Independence  
Meranda Velasquez, San Juan Center for Independence  
Carol Watts, Consumer Direct Personal Care  
Suzette Lindemuth, Assisted Living Services Org  
Buffy Saavedra, UHC  
Troy Fernandez, OHNM  
Scott Atali, LHP  
Linda Siegle, RFC

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	Everyone present at the start of the meeting introduced themselves and from which organization they were representing.	None	Mike Batte, Meeting Chairperson	Completed
II. Approval of Agenda	A request was made to add a discussion on Behavioral Health Services. It was agreed to hold the discussion following the Centennial Care Update. After the brief discussion, the agenda was approved.	None	Mike Batte, Meeting Chairperson	Completed
III. Approval of Minutes	The minutes from the April 15, 2013 meeting were approved, following a brief discussion that the date was missing from the document.	Add the date of "July 15, 2013" to the minutes.	MAC Recorder	Completed
IV. Centennial Care Update	Julie Weinberg reported the Centennial Care waiver was approved by the federal government. Julie Weinberg summarized that the waiver implementation was not interrupted during the waiver approval process.  Julie also provided updates on Centennial Care readiness, such as working with the MCO's on training and the development of systems and provider networks. Julie also stated the readiness reviews are to begin, and public education starts in August to begin the "raising awareness" stage. Julie answered questions from the committee regarding transition notification, self-direction changes, and eligibility income rules.	None	Julie Weinberg, Director, Medical Assistance Division.	Completed
V. Behavioral Health Update	Brent Earnest provided an overview of an audit that found significant errors in claims processes and billing systems of several behavioral health providers. Brent Earnest described the process of investigation that followed, including the suspension of payments to the providers involved. Brent Earnest addressed the concerns and questions of the committee members such as how the department would handle services for Medicaid recipients.	None	Brent Earnest, Deputy Director, Human Services Department	Completed.
V. ACA Activity Update	Kari Armijo, who manages the Medicaid provisions of the Affordable Care Act, updated the committee on the process of developing a streamlined application so that a consumer could apply for other similar public programs all at once. Kari Armijo explained that the existing application is being replaced due to requirements in the affordable care act for more streamlined enrollment. Kari further explained that another similar application will be used by the federal marketplace that will direct a consumer to the healthcare exchange and not to other government programs.	Regular updates on the Affordable Care Act implementation will be provided to the committee.	Kari Armijo, Health Care Reform Manager, Medical Assistance Division	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
VI. Medicaid Budget Projections	<p>Kari Armijo also announced that the Division is seeking approval from CMS to move the SCI and Family Planning enrollees to the adult expansion category automatically starting January 1, 2013. Both Kari Armijo and Julie Weinberg explained how notices will be sent to those populations affected to provide information and directions.</p> <p>Julie Weinberg provided a brief overview of the Medicaid budget projections from SFY12, SFY13, and SFY14. Julie Weinberg reported that FY12 ended with approximately \$2.4 million surplus, after the recoupment and claims run out. Julie Weinberg reported on the significant changes for FY13 such as an increase in outpatient hospital, because the amount collected was less than expected. Julie Weinberg reported a \$5.3million surplus for FY13.</p> <p>For FY14, Julie Weinberg reported that this projection has changed since last discussed with the committee (January 2013). Julie Weinberg explained the budget projection for FY14 was modeled in two halves to consider the scenario prior to the expansion, then considering the program after the expansion combined with Centennial Care. Julie reported a \$24 million surplus is projected so far for FY14, that does not include the \$19 million federal disallowance.</p> <p>Julie Weinberg discussed the questions from the committee regarding FMAP and further itemizing the budget. Julie Weinberg stated that ideas are welcome to help design the budget going forward.</p>	None	Julie Weinberg, Director, Medical Assistance Division	Completed
VII. Director's Report	<p>Julie Weinberg reported on the Native American Technical Advisory Committee (NATAC), which exists as a subcommittee of the MAC.</p> <p>Julie Weinberg reported the subcommittee has been meeting every two weeks with representatives from most every tribe, to discuss a variety of issues concerning tribes and Indian health providers during Centennial Care implementation. This will be on ongoing subcommittee.</p> <p>Julie Weinberg provided an organizational chart (handout) for the committee. Julie provided a brief description of each bureau and explained the break downs due to expertise.</p>	None	Julie Weinberg, Director, Medical Assistance Division	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
VIII. Public Comment	<p><u>Doris Husted</u>-Expressed concern on the possible loss of insurance for persons currently enrolled in the State Coverage Insurance (SCI).</p> <p><u>Bob Horowitz</u>-Suggested that all Centennial Care materials distributed to all enrollees is shared with the providers as well.</p> <p><u>Suzette Lindemuth</u>-Stated there is a need for a venue for providers to voice provider issues such as reimbursement rates and level of care in assisted living facilities.</p> <p><u>Paula Woodyatt</u>-Here to represent the San Juan Center for Independence to say thank you that consumer directed is included in Centennial Care.</p>	None		Completed
IX. Adjourn	The meeting adjourned at 4:25pm.	None		Completed

Respectfully submitted:

Desbah Farden

October 18, 2013

Recorder

Date

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 12 Projection (Lag Model) by Categories of Service with Actual Data Thru June 2013 (\$000s)

Line No.	Description	FY 11 Title		FY 12 % Completion	Title XIX Actual Paid YTD	Actual Paid Lump Sum YTD	Projected Lump Sum	Adjustments	Title XIX Projection	% Change from FY 11	CHIP/SCI		Total Medicaid Projection	Mar 2013 Projection	Change from Previous	Line No.
		C	X								YTD	L				
1	Inpatient Hospital	101,266	90,343	99.3%	-	-	-	-	91,942	-9.2%	822	836	92,778	93,221	(442)	1
2	DSH	29,106	29,862	100.0%	29,862	29,862	29,862	-	29,862	2.6%	-	-	29,862	29,862	-	2
3	GME	7,187	7,187	100.0%	7,187	7,187	7,187	-	7,187	0.0%	-	-	7,187	7,187	-	3
4	IME	29,954	30,851	100.0%	30,851	30,851	30,851	-	30,851	3.0%	-	-	30,851	30,851	-	4
5	SCPH	264,580	207,413	100.0%	207,413	207,413	207,413	-	207,413	-21.6%	-	-	207,413	207,413	-	5
6	Physician Services	50,818	50,241	99.8%	50,241	50,241	50,241	-	50,353	-0.9%	748	751	51,104	51,023	81	6
7	Prescribed Drugs	11,754	10,280	99.9%	10,280	10,280	10,280	-	10,295	-12.4%	286	286	10,581	10,595	(14)	7
8	Dental Services	12,156	13,588	100.0%	13,588	13,588	13,588	-	13,588	11.8%	964	964	14,552	14,552	-	8
9	Transportation	7,256	7,621	99.9%	7,621	7,621	7,621	-	7,631	5.2%	176	176	7,807	7,794	13	9
10	Lab and X-Ray	3,454	3,610	99.4%	3,610	3,610	3,610	-	3,630	5.1%	27	27	3,656	3,659	(2)	10
11	EPSTD	2,304	2,238	100.0%	2,238	2,238	2,238	-	2,239	-2.6%	113	113	2,352	2,350	2	11
12	IHS Hospital	80,427	79,033	99.6%	79,033	79,033	79,033	-	79,376	-1.3%	-	-	79,376	79,422	(47)	12
13	Nursing Facility	3,416	2,638	95.7%	2,638	2,638	2,638	-	2,755	-19.4%	-	-	2,755	2,801	(47)	13
14	ICF MR	24,856	24,862	100.0%	24,862	24,862	24,862	-	24,862	0.0%	-	-	24,862	24,862	-	14
15	Clinic Services	11,828	12,986	100.0%	12,986	12,986	12,986	-	12,987	9.8%	934	934	13,921	13,922	(1)	15
16	Federal Qualified Health Centers	24,404	24,224	100.0%	24,224	24,224	24,224	-	24,234	-0.7%	104	104	24,338	22,863	1,475	16
17	Other Practitioners	37,826	37,407	99.9%	37,407	37,407	37,407	-	37,428	-1.1%	1,104	1,105	38,532	38,544	(12)	17
18	Outpatient Hospital	31,943	34,480	99.0%	34,480	34,480	34,480	-	34,834	9.0%	775	783	35,616	35,314	302	18
19	Family Planning	7,710	7,975	99.6%	7,975	7,975	7,975	-	8,010	3.9%	14	14	8,024	8,008	16	19
20	PACE	11,032	11,210	100.0%	11,210	11,210	11,210	-	11,210	1.6%	-	-	11,210	11,210	-	20
21	Personal Care Options	963	567	99.9%	567	567	567	-	567	-41.2%	-	-	567	588	(1)	21
22	Others	5,732	5,555	97.6%	5,555	5,555	5,555	-	5,694	-0.7%	36	36	5,730	6,092	(362)	22
23	BH CFFS	32,546	28,226	99.8%	28,226	28,226	28,226	-	28,566	-12.2%	916	928	29,495	29,661	(166)	23
24	Premium Assistance Program	1,231	33	100.0%	33	33	33	-	33	-97.3%	-	-	33	33	-	24
25	Subtotal FFS	783,752	722,428	99.6%	722,428	722,428	722,428	-	725,547	-8.6%	7,017	7,056	732,604	731,808	795	25
26	AIDS, DD, and MF (DOH)	276,730	274,823	100.0%	274,823	274,823	274,823	-	274,786	-0.7%	-	-	274,786	274,860	(75)	26
27	MI Via Waivers (DOH)	11,467	10,642	100.0%	10,642	10,642	10,642	-	10,645	-7.2%	-	-	10,645	10,648	(3)	27
28	MI Via Waiver (D&E)	17,737	18,941	100.0%	18,941	18,941	18,941	-	18,943	6.8%	-	-	18,943	18,943	-	28
29	MI Via Waiver BI (ALTSD)	10,590	10,991	100.0%	10,991	10,991	10,991	-	10,994	3.8%	-	-	10,994	11,001	(7)	29
30	Subtotal HCBW	316,524	315,396	100.0%	315,396	315,396	315,396	-	315,367	-0.4%	-	-	315,367	315,451	(85)	30
31	Physical Health MCO	1,031,812	1,012,841	99.9%	1,012,841	1,012,841	1,012,841	-	1,014,036	-1.7%	48,434	48,434	1,062,470	1,062,764	(295)	31
32	Behavioral Health MCO	231,702	241,494	100.0%	241,494	241,494	241,494	-	241,494	4.2%	11,152	11,152	252,646	252,731	(85)	32
33	ColTS	861,383	863,456	99.8%	863,456	863,456	863,456	-	865,427	0.3%	-	-	865,427	865,490	(63)	33
34	State Coverage Insurance	202,709	153,753	100.0%	153,753	153,753	153,753	-	153,764	-24.1%	84,576	84,576	238,340	243,820	(5,479)	34
35	Subtotal MCO	2,327,606	2,271,543	99.9%	2,271,543	2,271,543	2,271,543	-	2,274,721	-2.3%	144,162	144,162	2,418,863	2,424,805	(5,922)	35
36	Medicare Part A	991	750	100.0%	750	750	750	-	750	-24.3%	-	-	750	750	-	36
37	Medicare Part B	91,862	89,616	100.0%	89,616	89,616	89,616	-	89,616	-2.4%	-	-	89,616	89,616	-	37
38	Medicare Part D	12,217	24,404	100.0%	24,404	24,404	24,404	-	24,404	99.8%	-	-	24,404	24,404	-	38
39	Subtotal Medicare	105,069	114,769	100.0%	114,769	114,769	114,769	-	114,769	9.2%	-	-	114,769	114,769	-	39
40	Utilization	7,414	8,499	100.0%	8,499	8,499	8,499	-	8,499	14.6%	-	-	8,499	8,499	-	40
41	HIT Incentive Payments	-	37,131	100.0%	37,131	37,131	37,131	-	37,131	na	-	-	37,131	37,131	-	41
42	Prior Years Charged to Current Year	-	-	0	-	-	-	-	12,813	na	-	-	12,813	12,813	-	42
43	Prior Years Charged to Future Year	-	-	na	-	-	-	-	-	na	-	-	-	-	-	43
44	Current Year Charged to Future Year	-	-	na	-	-	-	-	-	na	-	-	-	-	-	44
45		-	-	-	-	-	-	-	-	-	-	-	-	-	-	45
46		-	-	-	-	-	-	-	-	-	-	-	-	-	-	46
47	<b>Total</b>	<b>3,550,366</b>	<b>3,469,768</b>	<b>99.5%</b>	<b>3,469,768</b>	<b>480,757</b>	<b>483,931</b>	<b>6,457</b>	<b>3,488,849</b>	<b>-1.7%</b>	<b>151,179</b>	<b>151,218</b>	<b>3,640,067</b>	<b>3,645,278</b>	<b>(5,211)</b>	<b>47</b>

FY 12 Operating Budget 3,759,876  
Projected Surplus/(Shortfall) 119,809

- Notes:  
1. (Line 9) Transportation consists of Non-emergency transportation, Ambulance, and Maintenance.  
2. (Line 22) Other Programs consists of Prosthetics, RHC, RTC, Waiver Services, Hospice, Home Health, Group Health Insurance Premiums, and Medical Supplies.  
3. (Line 32) ACT/BIH EA is part of Managed Care BH. The BH program began in SFY 2006.  
4. (Line 33) ColTS - This program began in SFY 2009.  
5. (Line 34) The estimate of the SCI expenditure includes the impact of the administrative recertification.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY12 Revenues by Source (\$000s) - LAG Model

Line No. A	Description B	FY 12 Projection C	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										
			IHS, Refugees & UNM UPL (100% FFP) <sup>1</sup> D	Sterilization & Family Planning Services (90% FFP) <sup>2</sup> E	Breast & Cervical Cancer Program (EFMAP) <sup>3</sup> F	Title XIX CHIP & SCI (EFMAP) <sup>4</sup> G	Utilization Review (75%) FFP) <sup>5</sup> H	Title XIX Medicaid (FMAP) <sup>6</sup> I	Admin and Fees (50%) FFP) <sup>7</sup> J	Non-Federal Financial Participation Expenses (0% FFP) <sup>8</sup> K	Federal Share (\$000s) L	% of Composite Federal Share M	
1	Inpatient Hospital	92,778	(0)	24	775	836	-	-	91,143	-	-	64,543	69.57%
2	DSH	29,862	-	-	-	-	-	-	29,862	-	-	20,712	69.36%
3	GME	7,187	-	-	-	-	-	-	7,187	-	-	4,993	69.46%
4	IME	30,851	-	-	-	-	-	-	30,851	-	-	21,375	69.28%
5	SCPH	207,413	40,519	-	-	-	-	-	166,894	-	-	156,466	75.44%
6	Physician Services	51,104	42	-	2,480	751	-	-	47,263	-	569	35,377	69.23%
7	Prescribed Drugs	10,581	15	-	833	286	-	-	9,446	-	1	7,456	70.46%
8	Dental Services	14,552	78	-	68	964	-	-	13,441	-	-	10,224	70.26%
9	Transportation	7,807	1	-	86	176	-	-	7,543	-	0	5,445	69.75%
10	Lab and X-Ray	3,656	11	-	255	27	-	-	3,364	-	-	2,567	70.22%
11	EPSDT	2,352	2	-	1	113	-	-	2,236	-	-	1,644	69.93%
12	IHS Hospital	79,376	79,375	-	-	-	-	-	-	-	0	79,375	100.00%
13	Nursing Facility	2,755	-	-	7	-	-	-	2,748	-	-	1,911	69.38%
14	ICF MR	24,862	-	-	-	-	-	-	24,862	-	-	17,266	69.45%
15	Clinic Services	13,921	-	-	316	934	-	-	12,533	-	139	9,676	69.51%
16	Federal Qualified Health Centers	24,338	1	-	98	104	-	-	24,135	-	-	16,926	69.54%
17	Other Practitioners	38,532	4	-	41	1,105	-	-	37,380	-	3	28,858	69.70%
18	Outpatient Hospital	35,616	25	-	3,205	783	-	-	31,598	-	5	25,094	70.46%
19	Family Planning	8,024	2,372	5,582	-	-	-	-	-	-	71	7,396	92.16%
20	PACE	11,210	-	-	-	-	-	-	11,210	-	-	7,787	69.46%
21	Personal Care Options	567	-	-	2	-	-	-	565	-	-	394	69.47%
22	Others	5,730	40	-	62	36	-	-	5,459	131	1	3,972	69.33%
23	BH CFFS	29,495	6,882	0	69	928	-	-	19,139	2,476	-	22,188	75.23%
24	Premium Assistance Program	33	-	-	-	-	-	-	-	-	33	-	0.00%
25	Subtotal FFS	732,604	129,368	5,606	6,297	7,042	-	-	578,881	2,808	822	549,844	75.03%
26	AIDS, DD and MF (DOH)	274,786	-	-	-	-	-	401	271,868	2,517	-	190,368	69.28%
27	Mi Via Waivers (DOH)	10,645	-	-	-	-	-	741	9,835	68	-	7,410	69.62%
28	Mi Via Waiver (D&E)	18,943	-	633	-	-	-	1,300	16,900	110	-	13,397	70.73%
29	Mi Via Waiver BI (ALTSD)	10,994	-	-	-	-	-	843	10,094	57	-	7,670	69.76%
30	Subtotal HCBW	315,367	-	633	-	-	-	3,286	308,697	2,752	-	218,846	69.39%
31	Physical Health MCO	1,062,470	8,801	5,143	-	48,434	-	-	999,582	-	510	745,719	70.19%
32	Behavioral Health MCO	252,646	1,328	-	24	11,129	-	-	240,165	-	-	176,926	70.03%
33	CoLTS	865,427	11,023	-	585	-	-	-	853,819	-	-	604,573	69.86%
34	State Coverage Insurance	238,340	2,959	-	-	84,876	-	-	150,462	-	12	177,329	74.40%
35	Subtotal MCO	2,418,883	24,112	5,143	609	144,439	-	-	2,244,048	-	522	1,704,547	70.47%
36	Medicare Part A	750	-	-	-	-	-	-	750	-	-	521	69.47%
37	Medicare Part B	89,616	4,199	-	-	-	-	-	75,260	-	10,157	56,478	63.02%
38	Medicare Part D	24,404	-	-	-	-	-	-	-	-	24,404	-	0.00%
39	Subtotal Medicare	114,769	4,199	-	-	-	-	-	76,010	-	34,560	56,999	49.88%
40	Utilization	8,499	-	-	-	-	-	8,499	-	-	-	6,375	75.00%
41	HIT Incentive Payments	37,131	37,131	-	-	-	-	-	-	-	-	37,131	100.00%
42	Prior Years Charged to Current Year	12,813	147	(1)	-	(16)	-	-	12,674	1	8	8,975	70.05%
43	Current Year Charged to Future Year	-	-	-	-	-	-	-	-	-	-	-	na
44													
45													
46													
47	<b>Total</b>	<b>3,640,067</b>	<b>194,957</b>	<b>11,381</b>	<b>8,906</b>	<b>151,464</b>	<b>11,785</b>	<b>3,220,280</b>	<b>5,359</b>	<b>35,912</b>	<b>2,582,517</b>	<b>70.95%</b>	

	HSD Budget	Billed Amount	Collection YTD	HSD Projection
49	<b>State Share Revenues:</b>			
51	Department of Health (Line 29 & 31)	92,922	87,974	93,218
52	Department of Health Reversion	-	-	(3,357)
53	Department of Health Additional Need / (Surplus)	-	-	(1,887)
54	Department of Health for Early Intervention	5,000	6,760	6,760
55	Department of Health for FQHCs	500	482	482
56	Department of Health for EC	1	-	-
57	Children, Youth and Families	200	-	-
58	County Supported Medicaid Fund	24,571	25,468	25,468
59	Aging and Long Term Services Prior Year Expenses	-	264	264
60	<b>Total Operating Transfers In</b>	<b>123,194</b>	<b>120,948</b>	<b>120,948</b>
61	School Based Health Services (Part of Line 16)	3,338	4,011	3,719
62	Physician UPL UNM	1,503	3,351	3,351
63	UNM SCI IGT	-	15,458	15,458
64	Sole Community Provider Hospital Fund (Line 5)	91,956	57,860	57,860
65	SCPH - CMS Settlement <sup>12</sup>	-	(7,032)	(7,032)
66	Drug Rebates	1,093	-	1,779
67	Fraud	1,545	-	825
68	Tort and Insurance Carrier Refund	244	-	-
69	Tort and Insurance Carrier Refund-Edil Adjustment	-	-	-
70	Income Diversion Trust	534	-	515
71	Buy-In Recovery	240	-	214
72	Cost Settlement	2,816	-	1,575
73	Estate Recoveries	-	-	11
74	Tobacco Settlement Revenue, Base	-	-	9,456
75	Tobacco Settlement Revenue	28,502	-	19,605
76	<b>Total Other Revenues<sup>11</sup></b>	<b>131,771</b>	<b>73,648</b>	<b>108,537</b>
77	<b>General Fund Need<sup>13</sup></b>			<b>849,487</b>
78	Appropriation In FY12			857,214
79	Senate Bill 3, Section 1			11,807
80	Senate Bill 3, Section 1 for prior year			(11,807)
81	House Bill 2, Section 6 for deficiency			35,000
82	House Bill 2, Section 6 for deficiency			(35,000)
83	Prior Year Liability Balances			(5,404)
84	State Revenue Surplus / (Shortfall)			2,342

PROJECTED REVENUES	
Federal Revenues	2,582,517
Federal Waiver Denial <sup>10</sup>	(20,494)
<b>All State Revenues</b>	<b>1,078,043</b>

- Notes:**
- IHS, UPL, QI-1 and Refugees are eligible for 100% FFP.
  - Only sterilization and FPW costs are eligible for 90% FFP.
  - Breast and cervical cancer (BCC) program with enhanced FMAP.
  - CHIP and SCI are Title XIX programs with enhanced FMAP.
  - Utilization review is federally matched at 75%; HCBW admin. expenses.
  - Title XIX expenditures with regular FMAP.
  - Administration expenditures are eligible for 50% FFP.
  - Pregnancy termination, special needs and state only buy-in (Part B) expenditures are not eligible for federal financial participation.
  - DOH for Medicaid DD, AIDS, MF and MiVia waiver services; projected revenue is without the 3% for admin.
  - CMS denied HSD's request for a waiver of timely filing of SCPH claims.
  - HSD received BAR authority to increase the budget above five percent.
  - Fixed amount from FY12 payments agreed upon to pay remaining portion of CMS settlement.
  - The General Fund Need is Total Expenditures less: projected Federal Revenues; Federal Waiver Denial; Operating Transfers In; and, Other Revenues.



STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 13 Projection (Last Model) by Categories of Service with Actual Data Thru June 2013 (\$000s)

Line No.	Description	FY 12 Title XIX Projection	FY 13 % Completion	Title XIX Actual Paid YTD	Actual Paid Lump Sum YTD	Projected Lump Sum	Adjustments	Title XX Projection	% Change from FY 12	CHIP/SCI YTD	CHIP/SCI Projection	Total Medicaid Projection	June 2013 Projection	Change from Previous	Line No.
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Inpatient Hospital	92,376	88.5%	84,798	-	-	-	95,848	3.8%	900	1,018	96,865	96,570	285	1
2	DSH	29,862	43.3%	13,401	13,401	30,957	-	30,957	3.7%	-	-	30,957	30,957	-	2
3	GME	7,187	100.0%	7,187	7,187	7,187	-	7,187	0.0%	-	-	7,187	7,551	(364)	3
4	IME	30,851	74.7%	23,494	23,494	31,470	-	31,470	2.0%	-	-	31,470	31,470	-	4
5	SCPH-UPL	207,413	88.3%	82,044	82,044	92,955	-	92,955	-55.2%	-	-	92,955	66,889	24,066	5
6	Physician Services	50,280	85.8%	46,481	8,457	10,953	591	55,011	7.7%	745	835	55,011	55,785	(774)	6
7	Prescribed Drugs	10,309	97.5%	10,958	-	-	-	11,241	9.0%	276	283	11,524	12,402	(878)	7
8	Dental Services	13,587	94.4%	12,706	-	-	-	13,456	-1.0%	923	978	14,434	15,115	(682)	8
9	Transportation	7,617	91.2%	7,076	-	-	-	7,754	1.8%	142	158	7,912	7,805	107	9
10	Lab and X-Ray	3,632	90.8%	3,648	-	-	-	4,017	10.6%	22	25	4,042	4,122	(80)	10
11	EP/SDT	2,237	93.6%	2,231	-	-	-	2,383	6.5%	109	116	2,500	2,440	60	11
12	IHS Hospital	79,422	91.3%	77,402	-	-	-	84,759	6.7%	-	-	84,759	85,000	(240)	12
13	Nursing Facility	2,801	71.7%	2,316	-	-	-	3,230	15.3%	-	-	3,230	3,207	22	13
14	ICF MR	24,862	95.2%	23,756	-	-	-	24,948	0.3%	-	-	24,948	25,016	(68)	14
15	Clinic Services	12,988	84.2%	10,769	-	-	-	12,810	-1.4%	763	894	13,704	14,762	(1,058)	15
16	Federal Qualified Health Centers	22,772	85.5%	20,350	16,845	19,752	-	23,810	4.6%	100	116	23,926	23,833	93	16
17	Other Practitioners	37,439	90.6%	33,893	-	-	-	37,428	0.0%	927	1,024	38,452	38,311	141	17
18	Outpatient Hospital	34,533	90.2%	34,642	-	-	-	38,426	11.3%	762	834	39,259	26,038	13,221	18
19	Family Planning	7,994	98.2%	8,210	-	-	-	8,534	6.8%	17	17	8,552	8,293	259	19
20	PACE	11,210	99.9%	11,854	-	-	-	11,860	5.8%	-	-	11,860	11,947	(87)	20
21	Personal Care Options	568	91.6%	607	-	-	-	663	16.8%	-	-	663	684	(20)	21
22	Others	6,056	89.5%	5,350	1,206	1,306	62	5,983	-1.2%	61	66	6,048	5,796	253	22
23	BH CFFS	28,724	77.5%	21,822	-	-	-	28,112	-2.1%	685	915	29,027	29,745	(718)	23
24	Premium Assistance Program	33	99.9%	18	-	-	-	18	-45.3%	-	-	18	11	7	24
25	Subtotal FFS	724,755	86.3%	545,033	152,634	194,560	654	632,025	-12.8%	6,412	7,278	639,303	605,749	33,555	25
26	AIDS, DD and MF (DOH)	274,860	91.1%	257,986	173	201	2,576	283,329	3.1%	-	-	283,329	282,997	331	26
27	MI Via Waivers (DOH)	10,648	93.3%	13,802	22	25	1,063	14,797	39.0%	-	-	14,797	14,455	342	27
28	MI Via Waiver (D&E)	18,943	93.3%	20,720	55	70	1,680	22,216	17.3%	-	-	22,216	21,713	503	28
29	MI Via Waiver BI (ALTSD)	11,001	95.2%	10,597	15	15	911	11,132	1.2%	-	-	11,132	10,783	350	29
30	Subtotal HCBW	315,451	91.4%	303,105	264	311	6,210	331,473	5.1%	-	-	331,473	329,948	1,526	30
31	Physical Health MCO	1,014,331	98.0%	1,090,172	50,203	61,807	5,429	1,112,664	9.7%	48,751	49,278	1,161,941	1,163,492	(1,551)	31
32	Behavioral Health MCO	241,579	99.7%	247,772	305	1,018	-	248,485	2.9%	11,507	11,524	260,009	259,869	140	32
33	CoLTS	865,490	98.4%	907,439	13,790	24,813	323	921,756	6.5%	-	-	921,756	924,187	(2,431)	33
34	State Coverage Insurance	159,086	96.8%	138,526	6,149	12,092	576	145,557	-8.5%	76,194	76,259	221,816	222,666	(841)	34
35	Subtotal MICO	2,280,486	98.2%	2,393,908	70,448	99,731	6,329	2,428,461	6.5%	136,452	137,061	2,565,522	2,570,205	(4,683)	35
36	Medicare Part A	750	100.0%	778	778	778	-	778	3.8%	-	-	778	772	6	36
37	Medicare Part B	89,616	100.0%	87,368	87,368	87,368	-	87,368	-2.5%	-	-	87,368	87,759	(390)	37
38	Medicare Part D	24,404	95.2%	22,400	22,400	25,102	-	25,102	2.9%	-	-	25,102	25,171	(69)	38
39	Subtotal Medicare	114,769	97.6%	110,546	110,546	113,248	-	113,248	-1.3%	-	-	113,248	113,702	(453)	39
40	Utilization	8,498	100.0%	8,143	8,143	8,143	-	8,143	-4.2%	-	-	8,143	9,800	(1,657)	40
41	HT Incentive Payments	37,131	100.0%	31,367	31,367	31,367	-	31,367	na	-	-	31,367	31,539	(172)	41
42	Contracts	-	-	1,755	1,755	1,760	-	1,760	na	-	-	1,760	6,005	(4,245)	42
43	Prior Years Charged to Current Year	12,813	na	-	-	-	-	-	na	-	-	-	-	-	43
44	Current Year Charged to Future Year	-	na	41,265	41,265	41,270	-	41,270	na	-	-	41,270	47,344	(6,074)	44
45	Subtotal	3,493,905	95.6%	3,393,858	375,157	449,139	13,192	3,546,478	1.5%	142,864	144,339	3,690,817	3,665,946	23,870	45
46	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	46

FY 13 Operating Budget  
Projected Surplus/(Shortfall)  
3,759,876  
69,059

- Notes:
- (Line 9) Transportation consists of Non-emergency transportation, Ambulance, and Maintenance.
  - (Line 22) Other Programs consists of Prosthetics, RHC, RTC, Waiver Services, Hospice, Home Health, Group Health Insurance Premiums, and Medical Supplies.
  - (Line 32) ACT/BH EA is part of Managed Care BH. The BH program began in SFY 2006.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY13 Revenue by Source (\$000s) - LAG Model

Line No. A	Description B	FY 13 Projection C	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										Federal Share (\$000s) M	% of Composite Federal Share N	
			IHS, Refugees & UNM UPL (100% FFP) 1 D	Sterilization & Family Planning Services (90% FFP) 2 E	Breast & Cervical Cancer Program (EFMAP) 3 F	SCI (REMAP) 4 G	Title XXI CHIP & SCI (EFMAP) 5 H	Utilization Review (75% FFP) 6 I	Title XIX Medicaid (FMAP) 7 J	Admin and Fees (50% FFP) 8 K	Non-Federal Financial Participation Expenses (0% FFP) 9 L				
1	Inpatient Hospital	96,865	11	36	753	-	1,018	-	-	-	95,048	-	-	67,124	69.30%
2	DSH	30,957	-	-	-	-	-	-	-	-	30,957	-	-	21,382	69.07%
3	GME	7,187	-	-	-	-	-	-	-	-	7,187	-	-	4,964	69.07%
4	IME	31,470	-	-	-	-	-	-	-	-	31,470	-	-	21,737	69.07%
5	SCPH-UPL	92,955	-	-	-	-	-	-	-	-	92,955	-	-	64,250	69.12%
6	Physician Services	55,011	536	-	2,864	-	-	835	-	-	50,413	-	362	38,317	69.65%
7	Prescribed Drugs	11,524	38	-	802	-	-	283	-	-	10,400	-	2	8,079	70.10%
8	Dental Services	14,434	137	-	73	-	-	978	-	-	13,246	-	-	10,119	70.11%
9	Transportation	7,912	2	-	112	-	-	158	-	-	7,641	-	-	5,494	69.44%
10	Lab and X-Ray	4,042	3	-	203	-	-	25	-	-	3,811	-	-	2,816	69.68%
11	EPSDT	2,500	3	-	0	-	-	116	-	-	2,380	-	-	1,740	69.61%
12	IHS Hospital	84,759	84,663	-	-	-	-	-	-	-	-	-	96	84,663	99.89%
13	Nursing Facility	3,230	-	-	-	-	-	-	-	-	3,230	-	-	2,231	69.09%
14	ICF MR	24,948	-	-	-	-	-	-	-	-	24,948	-	-	17,246	69.13%
15	Clinic Services	13,704	1	-	1	-	-	894	-	-	12,798	-	11	9,542	69.63%
16	Federal Qualified Health Centers	23,926	3	-	126	-	-	116	-	-	23,680	-	-	16,630	69.51%
17	Other Practitioners	38,452	7	-	66	-	-	1,024	-	-	37,354	-	1	26,681	69.39%
18	Outpatient Hospital	39,259	72	-	3,282	-	-	834	-	-	35,070	-	2	27,540	70.15%
19	Family Planning	8,552	2,984	5,516	-	-	-	-	-	-	-	-	52	7,948	92.94%
20	PACE	11,860	-	-	-	-	-	-	-	-	11,860	-	-	8,200	69.14%
21	Personal Care Options	663	-	-	-	-	-	-	-	-	662	-	-	459	69.15%
22	Others	8,048	53	-	174	-	-	66	-	-	5,693	62	0	4,211	69.63%
23	BH CFFS	29,027	6,815	0	108	-	-	915	-	-	18,694	2,495	-	21,783	75.04%
24	Premium Assistance Program	18	-	-	-	-	-	-	-	-	-	-	18	-	0.00%
25	Subtotal FFS	639,303	95,328	5,552	8,566	-	-	7,281	-	454	519,496	2,557	543	473,157	74.01%
26	AIDS, DD and MF (DOH)	283,329	-	-	-	-	-	-	-	-	280,242	2,632	-	195,377	68.96%
27	Mi Via Waivers (DOH)	14,797	-	-	-	-	-	-	-	-	13,665	1,132	-	10,010	67.65%
28	Mi Via Waiver (D&E)	22,216	-	-	-	-	-	-	-	-	20,396	1,819	-	15,007	67.55%
29	Mi Via Waiver BI (ALTSD)	11,132	-	-	-	-	-	-	-	-	10,204	928	-	7,517	67.53%
30	Subtotal HCBW	331,473	-	-	-	-	-	-	454	-	324,508	6,511	-	227,912	68.78%
31	Physical Health MCO	1,161,941	16,751	5,332	-	-	-	49,278	-	-	1,090,460	-	121	814,099	70.06%
32	Behavioral Health MCO	260,009	1,018	-	28	-	-	11,524	-	-	247,439	-	-	181,156	69.67%
33	CoLTS	921,756	11,330	-	707	-	-	-	-	-	909,720	-	-	641,014	69.54%
34	State Coverage Insurance	221,816	6,060	-	-	76,688	-	-	-	-	139,058	-	10	158,734	71.56%
35	Subtotal MCO	2,565,522	35,159	5,332	734	76,688	-	60,801	-	-	2,386,677	-	131	1,795,003	69.97%
36	Medicare Part A	778	-	-	-	-	-	-	-	-	778	-	-	538	69.14%
37	Medicare Part B	87,368	4,021	-	-	-	-	-	-	-	73,656	-	9,692	54,948	62.89%
38	Medicare Part D	25,102	-	-	-	-	-	-	-	-	-	-	25,102	-	0.00%
39	Subtotal Medicare	113,248	4,021	-	-	-	-	-	-	-	74,434	-	34,784	55,486	49.00%
40	Utilization	8,143	-	-	-	-	-	-	8,143	-	-	-	-	6,107	75.00%
41	HIT Incentive Payments	31,367	31,367	-	-	-	-	-	-	-	-	-	-	31,367	100.00%
42	Contracts	1,760	-	-	-	-	-	-	-	-	-	1,760	-	880	50.00%
43	Prior Years Charged to Current Year	-	-	-	-	-	-	-	-	-	-	-	-	-	na
44	Current Year Charged to Future Year	-	-	-	-	-	-	-	-	-	-	-	-	-	na
45	Subtotal	41,270	31,367	-	-	-	-	-	-	8,143	-	-	-	38,354	92.93%
46	Total	3,690,817	165,874	10,884	9,301	76,688	-	68,062	-	8,597	3,305,114	10,829	35,487	2,589,912	70.17%

	HSD Budget	Billed Amount	Collection YTD	HSD Projection
50	<b>State Share Revenues:</b>			
51	Department of Health (Line 29 & 31) <sup>10</sup>	95,871	69,828	60,027
52	Department of Health Additional Need / (Surplus)	-	-	(2,815)
53	Department of Health for Early Intervention	5,000	5,582	5,044
54	Department of Health for FQHC's	500	482	482
55	Department of Health for EC	1	-	0
56	County Supported Medicaid Fund	25,600	24,507	15,687
57	Total Operating Transfers In	128,972	100,399	81,240
58				125,540
59	UNM SCI GT	23,760	16,286	14,929
60	School Based Health Services (Part of Line 16)	3,821	1,504	1,474
61	Physician UPL UNM	2,759	2,608	2,608
62	Sole Community Provider Hospital Fund (Line 5)	85,650	57,843	58,551
63	SCPH - SFY12	-	-	7,446
64	SCPH - Refund to counties	-	-	(10,840)
65	Drug Rebates	1,251	-	22,680
66	Fraud	872	-	923
67	Tort and Insurance Carrier Refund	-	-	239
68	Income Diversion Trust/Estate Recoveries	495	-	553
69	Buy-In Recovery	215	-	187
70	Cost Settlement	3,542	-	-
71	Misc. Revenue	-	-	331
72	HMS RAC-TPL/Subrogation	-	-	1,936
73	Tobacco Settlement Revenue, Base	9,456	-	9,456
74	Tobacco Settlement Revenue	19,046	-	19,046
75	Total Other Revenues <sup>13</sup>	150,867	78,241	122,073
76	General Fund Need <sup>14</sup>	-	-	865,174
77	Appropriation in FY13	-	-	894,325
78	Transfer to Admin Budget	-	-	(1,416)
79	State Revenue Surplus / (Shortfall)	-	-	27,735

PROJECTED REVENUES	
Federal Revenues	2,589,912
Federal Disallowances <sup>11</sup>	-
Contingency Appropriation <sup>11</sup>	-
Federal Disallowances <sup>12</sup>	(19,800)
All State Revenues	1,120,704

- Notes:**
- IHS, UPL, QI-1 and Refugees are eligible for 100% FFP.
  - Only sterilization and FPW costs are eligible for 90% FFP.
  - Breast and cervical cancer (BCC) program with enhanced FMAP.
  - SCI parents are reimbursed at REMAP for 3 qtrs.
  - CHIP is Title XXI programs with enhanced FMAP.
  - Utilization review is federally matched at 75%; HCBW admin. expenses.
  - Title XIX expenditures with regular FMAP.
  - Administration expenditures are eligible for 50% FFP.
  - Pregnancy termination, special needs and state only buy-in (Part B) expenditures are not eligible for federal financial participation.
  - DOH for Medicaid DO, AIDS, MF and Mi Via waiver services; projected revenue is without the 3% for admin.
  - The est. Federal disallowance is not expected to come in SFY13 and the contingency appropriation associated with that may not be needed.
  - Disallowance for DSH payments. HSD is appealing the disallowance and anticipates that this will probably not be satisfied in SFY13.
  - Tobacco revenues are distributed based on receipts & subject to revision.
  - The General Fund Need is Total Expenditures less: projected Federal Revenues; Federal Waiver Denial; Operating Transfers In; & Other Revenues.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 14 Trend Model with Centennial Care and Medicaid Expansion

No. A	Description B	FY 13 Title XIX		FY 14 Title XIX		FY 13 Title XIX		FY 14 Title XIX		FY 13 Title XIX		FY 14 Title XIX		March 2013 Projection R	Change from Previous S		
		Projection C	Projected Claims D	Δ Price E	\$ Impact F	Δ Recipient G	\$ Impact H	Utilization I	\$ Impact J	Projected Lump Sum K	Others L	Projection M	% Change from FY 13 N			Projection O	Projection P
1	Inpatient Hospital	95,848	95,848	0.00%	-	-18.35%	(17,804)	0.00%	-	-	77,427	-19,224	1,018	617	78,044	78,439	(395)
2	DISH	30,957	30,941	-0.05%	-	-	-	-	-	30,941	30,941	0.00%	-	-	30,941	30,941	0.00%
3	GME	7,187	7,187	0.00%	-	-	-	-	-	7,187	7,187	0.00%	-	-	7,187	7,187	0.00%
4	IME	31,470	31,470	0.00%	-	-	-	-	-	31,470	31,470	0.00%	-	-	31,470	31,470	0.00%
5	SDCH-UPJ	92,955	92,955	0.00%	-	-	-	-	-	92,955	92,955	0.00%	-	-	92,955	92,955	0.00%
6	DUCC Pool	-	-	0.00%	-	-	-	-	-	-	-	-	-	-	-	-	-
7	Physician Services	55,287	44,334	0.00%	348	-24.95%	(11,061)	0.00%	-	-	44,334	-10,953	835	423	34,445	34,445	0.00%
8	Prescribed Drugs	11,241	11,241	0.00%	-	-	-	-	-	11,241	11,241	0.00%	-	-	11,241	11,241	0.00%
9	Dental Services	13,456	13,456	0.00%	-	-	-	-	-	13,456	13,456	0.00%	-	-	13,456	13,456	0.00%
10	Transportation	7,754	7,754	0.00%	-	-	-	-	-	7,754	7,754	0.00%	-	-	7,754	7,754	0.00%
11	Lab and X-Ray	4,017	4,017	0.00%	-	-	-	-	-	4,017	4,017	0.00%	-	-	4,017	4,017	0.00%
12	EPST	2,383	2,383	0.00%	-	-	-	-	-	2,383	2,383	0.00%	-	-	2,383	2,383	0.00%
13	HAS Hospital	84,759	84,759	0.00%	-	-	-	-	-	84,759	84,759	0.00%	-	-	84,759	84,759	0.00%
14	Nursing Facility	3,230	3,230	0.00%	-	-	-	-	-	3,230	3,230	0.00%	-	-	3,230	3,230	0.00%
15	ICR NLR	24,948	24,948	0.00%	-	-	-	-	-	24,948	24,948	0.00%	-	-	24,948	24,948	0.00%
16	Chronic Services	12,810	12,810	0.00%	-	-	-	-	-	12,810	12,810	0.00%	-	-	12,810	12,810	0.00%
17	Federal Qualified Health Centers	23,810	23,810	0.00%	-	-	-	-	-	23,810	23,810	0.00%	-	-	23,810	23,810	0.00%
18	Other Practitioners	37,428	37,428	0.00%	-	-	-	-	-	37,428	37,428	0.00%	-	-	37,428	37,428	0.00%
19	Outpatient Hospital	38,426	38,426	0.00%	-	-	-	-	-	38,426	38,426	0.00%	-	-	38,426	38,426	0.00%
20	Family Planning	8,534	8,534	0.00%	-	-	-	-	-	8,534	8,534	0.00%	-	-	8,534	8,534	0.00%
21	PACE	11,860	11,860	0.00%	-	-	-	-	-	11,860	11,860	0.00%	-	-	11,860	11,860	0.00%
22	Personal Care Options	663	663	0.00%	-	-	-	-	-	663	663	0.00%	-	-	663	663	0.00%
23	Others	5,983	4,676	0.00%	-	-	-	-	-	4,676	1,307	-1,676	116	56	4,665	4,665	0.00%
24	ICR CFS	28,476	28,476	0.00%	-	-	-	-	-	28,476	28,476	0.00%	-	-	28,476	28,476	0.00%
25	Premium Assistance Program	8	8	0.00%	-	-	-	-	-	8	8	0.00%	-	-	8	8	0.00%
26	Subtotal	639,491	438,911	0.37%	1,637	-14.00%	(61,673)	0.37%	3,284	161,222	540,438	-14,626	7,278	4,332	544,760	552,411	(7,651)
27	AMS, DD and MF (DOH)	283,319	283,319	0.00%	-	-	-	-	-	283,319	283,319	0.00%	-	-	283,319	283,319	0.00%
28	MI Via Walkers (DOH)	14,783	14,783	0.00%	-	-	-	-	-	14,783	14,783	0.00%	-	-	14,783	14,783	0.00%
29	MI Via Walker (D&E)	22,216	22,216	0.00%	-	-	-	-	-	22,216	22,216	0.00%	-	-	22,216	22,216	0.00%
30	MI Via Walker BI	11,123	11,123	0.00%	-	-	-	-	-	11,123	11,123	0.00%	-	-	11,123	11,123	0.00%
31	Subtotal	331,427	331,427	0.00%	-	-	-	-	-	331,427	331,427	0.00%	-	-	331,427	331,427	0.00%
32	Physical Health MCO IH	1,114,341	1,045,427	3.40%	35,545	0.63%	6,839	0.00%	-	249	345,636	3,674	49,278	25,145	613,621	674,019	(60,398)
33	Behavioral Health MCO IH	246,485	247,467	0.7%	1,896	0.55%	1,375	0.00%	-	500	119,846	-51,774	11,524	5,534	125,380	127,709	(2,329)
34	CC/13 JH	921,656	896,619	-0.92%	(8,215)	0.05%	444	0.00%	-	5,511	13,843	460,019	-50,106	-	460,019	470,784	(10,765)
35	State Coverage Insurance IH	145,305	133,652	0.23%	297	0.00%	1,986	0.00%	-	1,986	84,026	-42,174	76,259	17,002	103,068	107,585	(4,517)
36	Subtotal	2,429,987	2,323,165	1.29%	29,225	0.38%	9,555	0.00%	-	13,800	682,216	1,252,364	48,466	137,663	1,360,088	1,360,088	0.00%
37	Centennial Care 2H	-	-	-	-	-	-	-	-	11,314	80,247	1,187,508	-	-	1,274,348	1,165,389	108,959
38	Behavioral Health 2H	-	-	-	-	-	-	-	-	500	1,801,159	-	-	-	1,801,159	1,801,159	-
39	Subtotal	-	-	-	-	-	-	-	-	11,814	80,247	1,227,668	-	-	1,360,916	1,301,876	59,040
40	Medicare Part A	778	778	0.00%	-	-	-	-	-	778	778	0.00%	-	-	778	778	0.00%
41	Medicare Part B	87,368	87,368	0.00%	-	-	-	-	-	87,368	87,368	0.00%	-	-	87,368	87,368	0.00%
42	Medicare Part D	25,102	25,102	0.00%	-	-	-	-	-	25,102	25,102	0.00%	-	-	25,102	25,102	0.00%
43	Subtotal	113,248	113,248	0.00%	-	-	-	-	-	113,248	113,248	0.00%	-	-	113,248	113,248	0.00%
44	Utilization	8,143	8,143	0.00%	-	-	-	-	-	8,143	8,143	0.00%	-	-	8,143	8,143	0.00%
45	HT Incentive Payment	31,367	31,367	0.00%	-	-	-	-	-	31,367	31,367	0.00%	-	-	31,367	31,367	0.00%
46	Contracts	1,760	1,760	0.00%	-	-	-	-	-	1,760	1,760	0.00%	-	-	1,760	1,760	0.00%
47	Subtotal	41,270	41,270	0.00%	-	-	-	-	-	41,270	41,270	0.00%	-	-	41,270	41,270	0.00%
48	Rate Increase for Primary Care Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
49	Health Home	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
50	Insurer's Fee	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
51	Woodwork (Children)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
52	MAG Impact (Children)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
53	Woodwork (Ages)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
54	Subtotal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55	SC Adults Up to 138% FPL - Physical Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
56	Newly Eligibles - Physical Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
57	Newly Eligibles/SC - Behavioral Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
58	Subtotal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
59	Grand Total	3,549,470	3,206,549	2.37%	76,048	12.25%	402,111	0.05%	3,284	320,826	1,619,463	3,998,650	144,339	92,633	4,091,283	4,055,641	35,642

Notes:  
(Column L) Others under the managed care projection lines (lines 32-35, 37-40) reflect the SDRH payments administered through the MCOs.  
(Line 37) Centennial Care expenditures include all acute and long term care expenditures.  
(Line 50) Insurer's Fee represents 1.9% impact of PPACA Health Insurance Fee as estimated in the Millman Client Report of January 2012.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

FY 14 Trend Model with Centennial Care and Medicaid Expansion

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates											
		FY 14 Projection	HIT, IHS, Refugees & UNM UPL (100% FFP) <sup>1</sup>	Health Homes, Sterilization & Family Planning Services (90% FFP) <sup>2</sup>	Breast & Cervical Cancer Program (EFMAP) <sup>3</sup>	Title XXI CHIP (EFMAP) <sup>4</sup>	Utilization Review (75% FFP) <sup>5</sup>	Title XIX Medicaid (FMAP) <sup>6</sup>	Admin and Fees (50% FFP) <sup>7</sup>	Non-Federal Financial Participation Expenses (0% FFP) <sup>8</sup>	Federal Share (\$000s)	% of Composite Federal Share	
A	B	C	D	E	F	G	H	I	J	K	L	M	
1	Inpatient Hospital	78,044	-	-	563	617	-	76,865	-	-	54,084	69.90%	
2	DH	30,941	-	-	-	-	-	30,941	-	-	21,411	69.20%	
3	GME	7,697	-	-	-	-	-	7,697	-	-	5,324	69.17%	
4	IME	32,081	-	-	-	-	-	32,081	-	-	22,200	69.20%	
5	SCPH - UPL	34,445	-	-	-	-	-	34,445	-	-	23,825	69.17%	
6	UCC Pool	34,445	-	-	-	-	-	34,445	-	-	23,825	69.17%	
7	Physician Services	44,225	46	-	1,417	423	-	42,136	-	203	30,630	69.26%	
8	Prescribed Drugs	8,536	10	-	516	269	-	8,141	-	-	6,258	69.98%	
9	Dental Services	12,571	51	-	44	459	-	12,017	-	-	8,755	69.53%	
10	Transportation	6,261	1	-	91	65	-	6,104	-	-	4,545	69.99%	
11	Lab and X-Ray	3,142	4	-	115	17	-	3,005	-	-	2,186	69.43%	
12	EPSDT	1,936	1	-	0	56	-	1,878	-	-	1,344	69.43%	
13	IHS Hospital	88,663	88,499	-	-	-	-	-	-	164	88,663	100.00%	
14	Nursing Facility	2,002	-	-	-	-	-	2,002	-	-	1,385	69.18%	
15	ICF MR	24,948	-	-	-	-	-	24,948	-	-	17,252	69.15%	
16	Clinic Services	15,281	-	-	1	916	-	14,334	-	30	10,637	69.81%	
17	Federal Qualified Health Centers	13,021	0	-	55	56	-	12,910	-	-	9,016	69.24%	
18	Other Practitioners	30,352	2	-	44	511	-	29,795	-	-	21,044	69.33%	
19	Outpatient Hospital	29,972	13	-	1,601	450	-	27,908	-	-	20,920	69.80%	
20	Family Planning	5,338	2,604	2,674	-	9	-	(0)	-	51	5,018	94.00%	
21	PACE	11,858	-	-	-	-	-	11,858	-	-	8,199	69.14%	
22	Personal Care Options	133	-	-	4	-	-	128	-	-	92	69.43%	
23	Others	4,865	23	-	57	25	-	4,760	-	-	3,380	69.47%	
24	BH CFS	23,595	6,524	-	-	458	-	14,587	2,026	-	17,985	76.22%	
25	Premium Assistance Program	8	-	-	-	-	-	-	-	8	-	0.00%	
26	Subtotal	544,760	97,778	2,674	4,306	4,332	-	432,887	2,026	456	407,772	74.85%	
27	AIDS, DD and MF (DOH)	304,181	-	-	-	-	-	301,084	3,086	-	209,780	69.57%	
28	MI Via Waivers (DOH)	18,602	-	-	-	-	-	17,470	1,132	-	12,548	67.99%	
29	MI Via Waiver (D&E)	14,545	-	-	-	-	-	13,462	1,084	-	9,851	67.72%	
30	MI Via Waiver BI	6,508	-	-	-	-	-	5,816	491	-	4,268	65.76%	
31	Subtotal	343,836	-	-	-	-	-	337,842	5,793	-	236,547	68.84%	
32	Physical Health MCO 1H	613,621	5,803	2,972	-	25,145	-	579,702	-	-	429,176	69.94%	
33	Behavioral Health MCO 1H	123,380	500	-	-	5,534	-	119,346	-	-	87,430	69.73%	
34	CoLTS 1H	460,019	5,511	-	350	-	-	454,158	-	-	319,425	69.44%	
35	State Coverage Insurance 1H	101,068	1,886	-	-	17,042	-	82,040	-	-	71,320	70.57%	
36	Subtotal	1,500,089	13,800	2,972	350	47,721	-	1,235,246	-	-	907,331	69.79%	
37	Centennial Care 2H	1,214,563	11,314	3,417	6,358	27,055	-	1,166,419	-	-	847,259	69.76%	
38	Behavioral Health 2H	146,355	2,567	-	-	6,194	-	137,592	-	-	102,639	70.13%	
39	Subtotal	1,360,918	13,881	3,417	6,358	33,249	-	1,304,011	-	-	949,898	69.80%	
40	Medicare Part A	778	-	-	-	-	-	778	-	-	534	68.64%	
41	Medicare Part B	98,321	4,021	-	-	-	-	83,796	-	10,504	61,981	63.04%	
42	Medicare Part D	25,108	-	-	-	-	-	-	-	25,108	-	0.00%	
43	Subtotal	124,207	4,021	-	-	-	-	84,573	-	35,612	62,515	50.33%	
44	Utilization	7,000	-	-	-	-	-	-	7,000	-	5,250	75.00%	
45	HIT Incentive Payment	9,533	9,533	-	-	-	-	-	-	-	9,533	100.00%	
46	Contracts	19,245	-	-	-	-	-	-	1,245	18,000	622	3.23%	
47	Subtotal	35,778	9,533	-	-	-	-	7,000	1,245	18,000	15,406	43.06%	
48	Rate Increase for Primary Care Services	13,816	12,868	-	-	-	-	-	-	-	13,530	97.99%	
49	Health Home	-	-	-	-	-	-	-	-	-	-	-	-
50	Insurer's Fee	24,494	-	-	-	578	-	23,915	-	-	17,001	69.41%	
51	Woodwork (Children)	12,430	-	-	-	1,549	-	10,881	-	-	8,745	70.35%	
52	MAGI Impact (Children)	5,203	-	-	-	5,208	-	-	-	-	4,066	78.15%	
53	Woodwork (Aged)	819	-	-	-	-	-	819	-	-	567	69.20%	
54	Subtotal	36,762	12,868	-	-	7,331	-	36,544	-	-	49,909	77.96%	
55	SCI Adults Up to 138% FPL - Physical Health	65,931	65,931	-	-	-	-	-	-	-	65,931	100.00%	
56	Newly Eligibles - Physical Health	232,444	232,444	-	-	-	-	-	-	-	232,444	100.00%	
57	Newly Eligibles/SCI - Behavioral Health	26,760	26,760	-	-	-	-	-	-	-	26,760	100.00%	
58	Subtotal	325,134	325,134	-	-	-	-	-	-	-	325,134	100.00%	
59	Grand Total	4,091,283	477,033	9,063	11,214	82,433	7,000	3,431,205	9,064	54,068	2,948,532	72.07%	

	FY 14 Budget Request	HSD Projection
63	State Share Revenues:	
64	Department of Health (Line 27 & 28) <sup>9</sup>	100,412
65	Department of Health for Early Intervention	5,500
66	Department of Health for PQHCs	500
67	Department of Health for EC	1
68	Children, Youth and Families	-
69	County Supported Medicaid Fund	26,426
70	Tobacco Settlement Revenue, Base	9,220
71	Tobacco Settlement Revenue	-
72	Total Operating Transfer In	142,859
73		
74	UNM SCI IGT	6,403
75	School Based Health Services (Part of Line 16)	4,091
76	Physician UPL UNM	2,811
77	Sole Community Provider Hospital Fund	97,276
78	UNM SCPH IGT	1,251
79	Drug Rebates	872
80	Fraud	-
81	Tort and Insurance Carrier Refund	486
82	Income Diversion Trust	215
83	Buy-In Recovery	3,388
84	Cost Settlement	9
85	Estate Recovery	-
86	Total Other Revenues	116,892
87		
88	General Fund Need	893,497
89		
90	FY14 Op Bud 3	917,888
91		
92	State Revenue Surplus / (Shortfall)	24,391

PROJECTED REVENUES	
Federal Revenues	2,948,532
Federal Disallowance <sup>10</sup>	-
All State Revenues	1,142,750

Notes:

- HIT, IHS, UPL, QI-1 and Refugees are eligible for 100% FFP.
- Health Homes, sterilization and FPW costs are eligible for 90% FFP.
- Breast and cervical cancer (BCC) program with enhanced FMAP.
- CHIP is a Title XXI program with enhanced FMAP. SCI parents are reimbursed at REBMAP for one quarter of SFY14 but shown in the EFMAP column.
- Utilization review is federally matched at 75%; admin. expenses.
- Title XIX expenditures with regular FMAP. The FFY 2014 FMAP is from FFIS, released March 30, 2012, based on preliminary data.
- Administration expenditures are eligible for 50% FFP.
- Pregnancy termination, special needs and state only buy-in (Part B) expenditures are not eligible for federal financial participation.
- DOH for Medicaid DD, AIDS, MF and MiVia waiver services; projected revenue is without the 3% for admin.
- There is a potential risk of federal disallowance associated with the PCO audit.

STATE OF NEW MEXICO  
HUMAN SERVICES DEPARTMENT  
Medical Assistance Division

Estimates of Monthly Medical Assistance Eligibles

Month-Year	Number of Eligibles in Medicaid & SCHIP		Change	Number of Eligibles in SLIMBa & CH1s		Number of Enrollees in State Coverage Insurance and Adult Expansion		Number of Enrollees in PAK and PAM			Totals		All Eligible Children <sup>3</sup>	
	(1) Medicaid Eligibility Report <sup>6</sup>	(2) Eligibles Estimate <sup>1</sup>		(SQI)	(SQI)	(SQI)/Adults	(SQI)/Adults and Adult Expansion	Medicaid	Other	Other	(1) Actuals	(2) Estimates	(1) Medicaid Eligibility Report <sup>6</sup>	(2) Eligibles Estimate <sup>1</sup>
Jul-11	507,563	507,824	-	10,973	41,866	171				560,573	560,834	336,834	336,826	-
Aug-11	510,275	510,602	0.55%	10,960	41,542	166				562,973	563,300	338,022	338,279	0.43%
Sep-11	511,189	511,189	0.11%	11,030	41,166	161				563,156	563,546	337,478	338,797	0.15%
Oct-11	510,943	511,387	0.04%	11,093	40,808	152				562,996	563,450	338,856	337,181	-0.48%
Nov-11	511,868	512,188	0.15%	11,181	40,413	146				563,408	563,928	336,573	336,198	-0.29%
Dec-11	511,358	511,951	-0.05%	11,206	40,080	143				562,787	563,380	335,641	336,972	0.23%
Jan-12	514,034	514,702	0.54%	11,237	39,713	134				565,118	565,786	336,707	336,379	-0.18%
Feb-12	515,133	515,877	0.23%	11,280	39,375	131				566,663	567,331	336,836	336,842	-0.16%
Mar-12	516,922	517,748	0.36%	11,481	39,093	130				568,452	569,220	337,220	338,004	0.64%
Apr-12	517,383	518,288	0.10%	11,026	38,956	129				568,401	569,220	336,818	337,396	-0.18%
May-12	518,829	519,828	0.30%	11,140	38,848	127				568,945	569,942	337,094	336,903	-0.15%
Jun-12	518,991	520,077	0.05%	11,185	38,901	127				569,204	570,290	336,862	337,743	0.25%
Jul-12	520,965	522,150	0.40%	11,229	38,001	124				571,319	572,504	337,653	337,323	-0.12%
Aug-12	523,541	524,836	0.51%	11,277	38,107	117				574,042	575,337	339,047	339,772	0.73%
Sep-12	523,748	525,152	0.06%	11,294	38,933	113				574,089	575,482	338,531	339,140	-0.19%
Oct-12	525,540	527,060	0.36%	11,302	38,869	108				575,819	577,339	339,039	339,001	-0.04%
Nov-12	525,823	527,464	0.08%	11,317	38,827	107				577,715	579,235	338,827	338,848	-0.05%
Dec-12	525,108	526,924	-0.10%	11,317	38,688	105				576,074	577,715	337,751	338,752	-0.03%
Jan-13	527,721	529,778	0.54%	11,320	38,420	101				579,617	581,258	338,819	339,358	0.18%
Feb-13	526,343	528,888	-0.21%	11,359	38,164	101				578,310	580,051	338,614	339,140	-0.22%
Mar-13	525,975	528,847	0.03%	11,405	37,975	99				578,326	580,051	337,724	337,724	-0.26%
Apr-13	529,834	529,834	0.19%	11,413	36,961	98				579,306	581,047	337,063	337,063	-0.20%
May-13	529,609	529,609	-0.04%	11,416	36,795	97				577,917	579,658	337,157	337,157	0.03%
Jun-13	530,719	530,719	0.21%	11,385	36,499	92				578,695	580,436	336,765	336,765	-0.12%
Jul-13	531,819	531,819	0.23%	11,883	36,463	90				580,355	582,096	337,083	337,083	0.10%
Aug-13	534,658	534,658	0.51%	11,901	36,211	88				582,858	584,599	338,945	338,945	0.55%
Sep-13	535,026	535,026	0.07%	11,919	35,961	86				582,992	584,733	338,877	338,877	0.01%
Oct-13	536,427	536,427	0.26%	11,937	35,712	84				584,160	585,901	339,518	339,518	0.16%
Nov-13	536,737	536,737	0.06%	11,956	35,578	82				584,354	586,095	339,304	339,304	-0.06%
Dec-13	537,090	537,090	0.07%	11,974	35,335	80				584,478	586,219	339,133	339,133	-0.05%
Jan-14	497,170	497,170	-7.43%	11,992			97,886			607,058	608,799	349,554	349,554	3.07%
Feb-14	499,442	499,442	0.46%	12,010			104,894			616,446	618,187	351,626	351,626	0.59%
Mar-14	502,339	502,339	0.58%	12,028			112,082			626,458	628,199	354,127	354,127	0.71%
Apr-14	506,429	506,429	0.81%	12,046			119,190			637,665	639,406	357,456	357,456	0.84%
May-14	509,378	509,378	0.58%	12,064			126,288			647,730	649,471	359,998	359,998	0.71%
Jun-14	512,107	512,107	0.54%	12,082			133,386			657,575	659,316	362,316	362,316	0.64%

**Notes:**

1. Data for Title XIX Medicaid and Title XXI SCHIP from July 2011 to March 2013 are based on the Monthly Eligibility Report (MER) (1) adjusted for retroactive eligibility, and (2) the estimates for monthly eligibility are based on regressive equations controlling for policy effects.
2. The data for State Coverage Insurance (SCI) from July 2011 to March 2013 are the numbers of MCO enrollment by month. For FY 13 and FY 14, the enrollment reflects program change in late FY 12. Of the total SCI population, about 67 percent are Childless Adults and 33 percent are Parents.
3. The children figures are a subset of the total. Children are defined as any clients less than age 21 with no regards to eligibility criteria.
4. Premium Assistance for Kids (PAK) and Premium Assistance for Maternity (PAM). For more information on these programs, visit <http://insurenwnewmexico.state.nm.us/>. Outside entities are assisting MAD with enrollment into these programs.
5. These are the numbers in the Monthly Eligibility Report as posted on the MAD website available as of July 29 2013. The MER includes all clients enrolled in Medical Assistance, including retroactive and late reported eligibility. The data in the MER column from July 2011 to March 2013 are subject to revision. The usual practice is to adjust the numbers up to 30 months from its original release. All figures are updated historically to include retroactive eligibility, retroactive closures, and other late reporting eligibility changes. When the data is no longer subject to revision, the projected number on the estimates column is replaced by the actual number. Individuals are eligible for Medical Assistance if they meet the specific criteria for any of the eligibility categories. The MER does not count the number of clients qualified as SLIMBs or QITs.
6. Specified Low-income Medicare Beneficiaries (SLIMBs) and Qualified Individuals (QITs). The estimates will be revised.
7. Medicaid expansion starts January 1, 2014. The enrollment figures reflect member equivalence and include adults in the current SCI program and newly eligible adults not currently eligible for Medicaid with incomes to 138% of the federal poverty level.

**Sources:** Monthly Eligibility Report, July 2013; Insure New Mexico, July 2013; Monthly Statistical Report for COE 045, June 2013

**Report Release Date:**  
**Report Revised Date:**

Wednesday, August 07, 2013  
Wednesday, August 07, 2013

Medicaid Alternative Benefit Plan  
Proposed Covered Services & Copays

Proposed ABP Benefit Package

Benefit Category & Service	ABP Coverage
<b>1. Ambulatory Patient Services</b>	
Primary care to treat illness/injury	Covered
Specialist visits	Covered
Outpatient surgery	Covered
Chiropractic services	Not covered
Chemotherapy services	Covered
Radiation therapy	Covered
Access to cancer clinical trials	Covered
Genetic evaluation and testing	Covered (triple serum test and counseling only)
Outpatient diagnostic labs, x-ray and pathology	Covered
Infertility treatment services	Not covered
Sterilization	Covered
Telemedical services	Covered
Dental injury	Covered (dental accidents)
Cleft palate and cleft lip conditions	Covered
Oral anti-cancer medication	Covered
Acupuncture	Not covered
TMJ and CMJ services	Not covered
Orthotics	Covered (with Rx; does not cover shoes except with dx of diabetes)
Vision hardware	Not covered (except following removal of cataracts and as part of EPSDT for 19 & 20 year-olds)
Vision care for eye injury or disease	Covered
Non-emergency transportation	Covered
Treatment of diabetes	Covered
Oral and maxillofacial surgery	Covered
Consumable medical supplies	Covered (with limitations on covered supplies)
Nonemergency care when traveling outside the US	Not covered

Diagnostic dental services	Covered (one oral exam/year; emergency exams)
Dental radiology services	Covered (one intraoral complete series every 60 months, including bitewing x-rays; additional bitewing x-rays once every 12 months; panoramic films can be substituted for an intraoral complete series, which is limited to one every 60 months)
Preventive dental services	Covered (one prophylaxis service every 12 months; fluoride treatment every 12 months)
Restorative dental services	Covered (amalgam restorations on permanent and deciduous teeth; resin restorations for anterior and posterior teeth; one prefabricated stainless steel or resin crown per permanent or deciduous tooth; one recementation of a crown)
Prosthodontics (removable)	Covered (dentures every 5 years; two denture adjustments every 12 months; two denture repairs every 12 months)
Prosthodontics (fixed)	Covered (one recementation of a fixed bridge only; fixed dentures not covered)
Oral surgery services	Covered (simple and surgical extractions; incision and drainage of an abscess)
Endodontic Services	Covered (limited to root canal for the anterior tooth)
<b>2. Emergency Services</b>	
Emergency room – facility	Covered
Ambulance services	Covered
Urgent care centers/facilities	Covered
<b>3. Hospitalization</b>	
Inpatient medical and surgical care	Covered
Bariatric surgery	Covered (one procedure per lifetime)
Organ and tissue transplants	Covered (subject to lifetime transplant limits)
Inhalation (respiratory) therapy	Covered (inpatient only)
Chemotherapy services	Covered
Radiation therapy	Covered
Anesthesia	Covered
Breast reconstruction following mastectomy	Covered
Hospice	Covered (\$10,000 lifetime maximum)
Dental anesthesia for injury	Covered
Consumable medical supplies	Covered (with limitations on covered supplies)
<b>4. Maternity &amp; Newborn Care</b>	
Pre- and post-natal care	Covered



Delivery and inpatient maternity services	Covered
Newborn child care	Not covered (newborns automatically deemed eligible for Medicaid; all newborn child care services covered)
<b>5. Mental Health &amp; Substance Use Disorder Services (Including Behavioral Health)</b>	
Outpatient services for alcoholism and drug dependency	Covered
Outpatient mental health services	Covered
Outpatient hospital and physician services (includes evaluation, testing, assessment, medication management and therapy)	Covered
Inpatient hospital services in a psychiatric unit of a general hospital	Covered
Inpatient professional services provided by a BH professional	Covered
Intensive outpatient program (IOP) services for substance abuse	Covered
Lab services (when provided by a BH provider)	Covered
Methadone	Covered
Suboxone	Covered
<b>6. Prescription Drugs</b>	
Retail	Covered
Mail service (home delivery)	Covered
Contraceptives	Covered
Home infusion therapy	Covered
Behavioral health drugs	Covered
Special medical foods	Not covered
<b>7. Rehabilitative &amp; Habilitative Services &amp; Devices</b>	
Inpatient rehabilitative facilities	Not covered
Physical, speech and occupational therapy (rehabilitative services)	Covered (short-term; limited to no more than two consecutive months per condition; exceptions based on medical necessity)
Cardiac rehabilitation	Covered (36 visits/year)
Pulmonary rehabilitation	Covered (36 visits/year)
Durable medical equipment	Covered (with limitations on covered equipment)
Prosthetics and reconstructive services	Covered (with limitations)
Habilitative services	Covered (PT, OT and SLP at parity with rehabilitative services -- short-term; limited

	to no more than two consecutive months per condition; exceptions based on medical necessity)
Home health care	Covered (100 4-hour visits)
Dialysis	Covered
Autism spectrum disorders	Covered (as part of EPSDT for 19 & 20 year-olds; and as state mandate for dx and treatment for individuals 19-23 who are enrolled in high school up to \$36,000/year and \$200,000/lifetime)
Skilled nursing	Covered (60 days/year)
Hearing aids	Not covered (except as part of EPSDT for 19 & 20 year-olds)
<b>8. Laboratory Services</b>	
Lab tests, x-ray services and pathology	Covered
Imaging/diagnostics (e.g., MRI, CT scan, PET scan)	Covered
<b>9. Preventive &amp; Wellness Services and Chronic Disease Management</b>	
Preventive care	Covered (US Preventive Services Task Force A&B recommended services)
Immunizations	Covered
Colorectal cancer screening	Covered
Screening mammography	Covered
Vision screening	Covered (as part of wellness exam only; refraction services not covered)
Audiology/hearing tests	Covered (as part of wellness exam only)
Nutritional counseling	Covered
Smoking cessation program	Covered
Allergy testing and injections	Covered
Diabetes equipment, supplies and education	Covered
Screening pap tests	Covered
Annual gynecological exam	Covered
Annual prostate cancer screening	Covered
Routine foot care	Covered (with qualifying dx)
Podiatry	Covered
Sleep studies	Not covered
Family planning	Covered
Educational materials/consultation from providers to promote a healthy lifestyle	Covered
Diagnosis, treatment and management of osteoporosis	Covered

Disease management	Covered
Weight loss program	Not covered
<b>10. Pediatric Services, Including Oral &amp; Vision Care</b>	
EPSDT-related services for 19 & 20 year-olds	Covered