

MEDICAID ADVISORY COMMITTEE (MAC)

Wednesday, January 29, 2014

Agenda

Time: 1:00pm-4:00pm Location: Garrey Carruthers State Library, 1205 Camino Carlos Rey, Santa Fe

Committee Chairperson:

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

Committee Support Person:

Committee Members:

<p>Michael Batte, Public Member Roselyn Begay, Navajo Nation Division of Health Jeff Dye, New Mexico Hospital Association Mary Eden, Presbyterian Healthcare Services Joie Glenn, NIM 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</p>	<p>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</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

HSD Representatives:

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

Brent Earnest, 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 October 21, 2013.	1:10

DISCUSSION ITEM	DISCUSSION LEADER	DESCRIPTION	TIME
IV. Director's Report	Julie Weinberg, Director, Medical Assistance Division, Human Services Department	Report from the Director on current division activities.	1:15
V. Centennial Care Implementation	Julie Weinberg, Director, Medical Assistance Division, Human Services Department	An update for the committee on Centennial Care Implementation that occurred on January 1, 2014.	1:30
VI. Medicaid Expansion Update	Kari Armijo, Health Care Reform Manager, Medical Assistance Division, Human Services Department	Discussion of Alternative Benefit Plan (ABP) and expansion enrollment.	2:30
VII. Medicaid Budget Projections	Julie Weinberg, Director, Medical Assistance Division, Human Services Department	Review and discussion of the current Medicaid Budget Projections.	3:00
VIII. ASPEN	Mark Pitcock, Deputy Director, Medical Assistance Division, Human Services Department	Update on the Automated System Program and Eligibility Network.	3:30
IX. Public Comment	MAC Chairperson	Opportunity for comments on the discussions from any interested parties.	3:45

Meeting Address:
 Garrey Carruthers State Library
 1205 Camino Carlos Rey
 Santa Fe, NM 87505

Medicaid Advisory Committee (MAC)

October 21, 2013

MINUTES

Time: Start-1:00pm End-3:50pm Location: HSD/Plaza San Miguel, Santa Fe

Chair:

Larry Martinez, Presbyterian Medical Services
Desbah Farden, Committee Support Person

Recorder:

Committee Members:

Roselyn Begay, Navajo Nation Division of Health
Mary Eden, Presbyterian Healthcare Services
Jolie Glenn, NM Association for Home and Hospice Care
Ruth Hoffman, Lutheran Advocacy Ministry NM
Nancy Koenigsberg, Disability Rights NM
Larry Lubar, NM Dental Association
Carol Luna-Anderson, The Life Link
Carolyn Montoya, UNM College of Nursing

David Roddy, NM Primary Care Association
Marilyn Rohn, Behavioral Health Consumer Affairs
Linda Sechovec, NM Health Care Association
Laurence Shandler, Pediatrician
Dale Tinker, NM Pharmacists Association
Eugene Varela, AARP NM
Retta Ward, NM Department of Health

Absent Members:

Michael Batte, Public Member
Jeff Dye, NM Hospital Association
Michael Hely, NM Legislative Council Service

Steve McKernan, UNM Hospital
Gino Rinaldi, NM Aging & Long Term Services Department
Daphne Rood-Hopkins, Children, Youth, and Families Department

Staff & Visitors Attending:

Julie Weinberg, HSD/MAD Director
Karl Armijo, HSD/MAD
Sharon Huerta, BCBSNM
Teresa Karnes, Xerox
John Johnson, PHP Presbyterian
Fran Meadows, UNM Health System
Charlotte Roybal, Policy Connections
Beth Landon, NMHA
Susy K. Ashcroft, Sub-committee (BHP)
Bruce Evans, LC-BHPC Medicaid Sub-Comm.
Kevin Kandalaf, United Healthcare
Joe Martinez, Health Action NM

Brent Earnest, HSD Deputy Secretary
Karla Gonzales, HSD/MAD
Erik Lujan, NMICOA
Rodney McNease, UNM
Kelli Strother, Otsuka
Mary Kay Pera, NMASBHC
Matt Munson, Pharmacy Intern-UNM/COP
D. Mason, NMCLP
Janis Gonzales, FHB/DOH
Carol Watts, CDPC
Sarah Grace, New Vistas

Ellen Costilla, HSD/MAD
Mark Pitcock, HSD/MAD
Doris Husted, the Arc of NM
Edna Ortiz, CYFD
Robyn Nardone, HSD/MAD
Deborah Walker, NM Nurses Association
Krista Anaya, Pharmacy Intern-UNM/COP
Bob Horowitz, First Choice
Margaret White, Health Insight NM
Rachel Wright, HSD/MAD
Guy Surdi, GSD

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	All meeting participants introduced themselves.	None	MAC Chairperson	Completed
II. Approval of Agenda	The agenda was modified at the beginning of the meeting in order to hear the Director's Report earlier.	None	MAC Chairperson	Completed
III. Approval of Minutes	The minutes from the July 15, 2013 MAC meeting were approved.	None	Desbah Farden, Committee Support Person	Completed
IV. Medicaid Budget Projections	Julie Weinberg reported the FY15 projections were not included. Julie Weinberg reported on the budget projections for FY12, FY13, and FY14, Julie Weinberg provided information on federal match received and discussed with the committee a decrease in drug rebates, a revenue source. Julie Weinberg explained the enrollment projections now include new columns for Medicaid expansion. The members expressed concerns about those enrolled in the SCI program and how they would be affected by their program ending. Other issues were discussed such as federal exchange referrals, process of orange envelopes, and multiple deadlines.	The committee has asked the Division for a breakdown of the managed care expense report.	Julie Weinberg, Director, Medical Assistance Division, Human Services Department	Completed
V. Director's Report	<p>Julie Weinberg provided a brief status on the BH transition. Julie Weinberg and Brent Earnest provided information to respond to several questions presented by the committee such as the funds involved and monitoring compliance. Julie reported all of the agencies have been transitioned and most providers have been helpful during the transition period.</p> <p>Julie Weinberg provided information on the Quality Plan for the 1115 Waiver. Julie Weinberg explained the Centennial Care Waiver goes into effect January 1, 2014. Julie further explained the next steps of hiring a contractor to provide an evaluation plan, and to begin an independent consumer support system (ICSS). Julie Weinberg encouraged more public input by attending public hearings.</p>	None	Julie Weinberg, Director, Medical Assistance Division, Human Services Department	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
VI. ACA Activity Update	Kari Armijo provided an update on the Affordable Care Act. Kari reported that the streamlined application went into effect on October 1, 2013 and since then people have been able to apply for Medicaid Expansion coverage and the tracking of applications is easier. Kari also responded to questions from the committee to clarify income eligibility questions and to announce that presumptive eligibility training on the new rules was completed. Kari Armijo also provided a handout that summarized what benefits will be covered in the Alternative Benefit Plan under Centennial Care.	None	Kari Armijo, Health Care Reform Manager, Medical Assistance Division, Human Services Department	Completed
VII. Enrollment Process Update	Mark Pitcock explained the enrollment process and the ways that a person could select a managed care organization: By web portal, interactive voice response (IVR) system, returning a form that was mailed in an orange envelope, or by calling the Medicaid call center. Mark Pitcock also provided information on enrollment numbers and reported an average of 1700 enrollments per day; 65 % through the IVR, 18 % through the web portal, and %17 chose to mail the form or call the call center. Mark has also addressed questions from the committee members regarding special issues that could arise during the MCO selection process.	None	Mark Pitcock, Deputy Director, Medical Assistance Division, Human Services Department	Completed
VIII. ASPEN	Mark Pitcock explained that ASPEN is the new eligibility system for all of the Human Services programs that is being implemented by county in phases and soon to be implemented statewide. Mark also reported that the legislative finance committee has considered this project a model for other state agencies to follow for other major project implementations. Mark Pitcock also reported that approximately 34% of the entire state caseload files have been loaded into ASPEN.	None	Mark Pitcock, Deputy Director, Medical Assistance Division, Human Services Department	Completed
IX. Public Comment	Doris Husted-Presented concerns that some people did not receive orange envelopes, suggested DD person is selected for ICSS stakeholder group, and concerned that certain medical foods not covered. Carol Watts-Concerned addresses might be incorrect for persons who have not received orange envelopes. Guy Surdi-Had questions about the ICSS and if it was open to the public. Also shared the experience he had with Yes NM. Bruce Evans-Presented concerns that persons were not receiving orange envelopes, concerned about co-pays, shared comments that there needs to be more inclusiveness with the stakeholder process.	None	HSD Management	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
X. Adjournment	<p><u>Joe Martinez</u>-Thank you for keeping dental services and thank you for rolling out ASPEN. Also presented a suggestion to train more eligibility workers to help enroll and motivate persons.</p> <p><u>Dorian Mason-First</u> presented a concern that notices serve as barriers then suggested that combining notices reduces confusion. Presented more concerns that outreach in hard to reach rural areas is difficult, then suggested doing enrollments on site at outreach & education events.</p> <p>The meeting adjourned at 3:50p.m.</p>	None	MAC Chairperson	Completed

Respectfully submitted:

Desbah Farden
 Medicaid Advisory Committee Support Person

1/28/14

Recorder

Date

**New Mexico Medical Assistance Categories of Eligibility
Effective January 1, 2014**

January 1, 2014 Affordable Care Act (ACA) Categories:

COE	COE Description	Federal Poverty Level (FPL)
100	Adult Group Ages 19-64	0% up to 133% FPL
200	Parent/Caretaker Relative	0% up to 47% FPL
300	Full Medicaid for Pregnant Women	0% up to 138% FPL
301	Pregnancy-Related Services Only	138% up to 250% FPL
400	Children Ages 0-5	0% up to 200% FPL
401	Children Ages 6-18	0% up to 138% FPL
402	Children Ages 0-5	200% up to 240% FPL
403	Children Ages 6-18	138% up to 190% FPL
420	CHIP Children Ages 0-5	240% up to 300% FPL
421	CHIP Children Ages 6-18	190% up to 240% FPL

Affordable Care Act Impact on Existing Categories:

COE	COE Description	Change
027	Four months transitional Medicaid	COE 027 was provided to individuals due to loss of COE 072 due to increased child or spousal support. COE 027 is now provided due to loss of COE 200 due to increased spousal support only. Child support is no longer countable under ACA rules.
028	12 months transitional Medicaid	COE 028 was provided to individuals due to loss of COE 072 due to increased earnings. COE 028 is now provided due to loss of COE 200 due to increased earnings.
029	Family Planning	Family planning individuals were transitioned to an ACA category. Those not eligible for an ACA category remain on family planning and are referred to the Exchange for minimum essential coverage.
030	Full Medicaid Pregnant Women	COE 030 is replaced by the new COE 300 category. COE 030 was around 25% FPL. The new COE 300 provides full Medicaid up to 138% FPL.
031	Newborns	No changes.
032 036 071/1	Children's Medicaid	COE 032 children will be replaced by the new 400 series categories for children at recertification over the next year.
035	Pregnancy-Related Only	COE 035 is replaced by COE 300 and COE 301. More women will qualify for full Medicaid for pregnant women due to the increase in FPL.
062	State Coverage Insurance (SCI)	SCI ended 12/31/2013. Individuals were transitioned to an ACA category or placed on family planning and referred to the Exchange for minimal essential coverage.
072	Family Medicaid	COE 072 will be replaced by COE 200 as individuals currently on COE 072 recertify over the next year. COE 200 is for adults only. Children on COE 072 will transition to children's Medicaid at recertification.
085	Emergency Medical Services for Aliens (EMSA)	No changes. EMSA is available for all individuals eligible for any of the new ACA categories.

Non Modified Adjusted Gross Income (MAGI) Categories/No Changes:

COE	COE Description
001, 003, 004	Supplemental Security Income (SSI)
041	QMB over age 65
042	QIIs
044	QMB under age 65
045	SLIMB
049/059	Refugee Medicaid
052	Breast and Cervical Cancer
074	Working Disabled Individuals (WDI)
081, 083, 084	Institutional Care Medicaid
090, 091, 092, 093, 094, 095, 096	Home and Community-Based Waivers

CYFD Categories:

COE	COE Description
017	Adoption Subsidy established by other states
037	Adoption Subsidy in state
047	Adoption Subsidy placed out of NM
066	Foster Care
086	Foster Care with state other than NM

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 13 Projection (Lag Model) by Categories of Services with Actual Data Thru Nov 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	FY13 Title XIX Projection	% Change from FY 12	CHIP/SCI YTD	FY13 CHIP/SCI Projection	FY13 Total Medical Projection	Sept 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	91,942	98.5%	95,050	-	-	-	96,520	5.0%	946	961	97,481	97,243	238	1
2	DSH	29,852	81.3%	25,164	30,957	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	7,187	-	3
4	IME	30,851	100.0%	32,364	32,364	32,364	-	32,364	4.9%	-	-	32,364	31,470	894	4
5	SCPH-UPL	207,413	97.7%	86,360	86,360	88,395	-	88,395	-57.4%	-	-	88,395	84,545	3,850	5
6	Physician Services	50,353	98.5%	53,136	11,465	11,465	590	53,942	7.1%	800	804	54,746	54,825	(78)	6
7	Prescribed Drugs	10,295	99.8%	11,085	-	-	-	11,085	7.7%	276	277	11,363	11,367	(4)	7
8	Dental Services	13,588	100.0%	13,203	-	-	-	13,206	-2.8%	954	954	14,160	14,220	(60)	8
9	Transportation	7,631	99.3%	7,611	-	-	-	7,661	0.4%	145	146	7,807	7,779	29	9
10	Lab and X-Ray	3,630	98.8%	3,881	-	-	-	3,926	8.2%	24	24	3,951	3,978	(26)	10
11	EP/SDT	2,239	99.8%	2,329	-	-	-	2,334	4.3%	113	113	2,448	2,449	(1)	11
12	IHS Hospital	79,376	97.8%	82,683	-	-	-	84,515	6.5%	-	-	84,515	84,413	101	12
13	Nursing Facility	2,755	99.7%	3,045	-	-	-	3,053	10.8%	-	-	3,053	3,249	(196)	13
14	ICF MR	24,862	100.0%	24,905	-	-	-	24,908	0.2%	-	-	24,908	24,907	1	14
15	Clinic Services	12,987	99.8%	12,000	-	19,752	-	12,021	-7.4%	835	837	12,858	12,934	(76)	15
16	Federal Qualified Health Centers	24,234	95.1%	22,521	-	-	-	23,695	-2.2%	112	116	23,811	23,816	(5)	16
17	Other Practitioners	37,428	99.8%	36,873	-	-	-	36,935	-1.3%	994	996	37,931	37,919	12	17
18	Outpatient Hospital	34,834	98.8%	37,841	-	-	-	38,387	10.2%	807	819	39,206	39,320	(115)	18
19	Family Planning	8,010	99.9%	8,759	-	-	-	8,764	9.4%	17	18	8,781	8,762	19	19
20	PAGE	11,210	100.0%	11,859	-	-	-	11,859	5.9%	-	-	11,859	11,859	-	20
21	Personal Care Options	567	99.8%	644	-	-	-	645	13.9%	-	-	645	651	(6)	21
22	Others	5,694	95.1%	5,876	1,308	1,408	142	6,179	8.5%	63	64	6,243	6,151	92	22
23	BH CFFS	28,566	96.3%	25,333	-	-	-	26,296	-7.9%	731	760	27,056	27,324	(268)	23
24	Premium Assistance Program	33	100.0%	18	-	-	-	18	-44.3%	-	-	18	18	-	24
25	Subtotal FFS	725,547	97.6%	699,707	182,560	191,528	732	624,853	-13.5%	6,819	6,889	631,742	627,342	4,399	25
26	AIDS, DD and MF (DOH)	274,786	100.0%	275,090	209	209	1,727	275,095	0.1%	-	-	275,095	277,280	(2,185)	26
27	Mi Via Waivers (DOH)	10,645	100.0%	15,794	22	22	1,045	15,796	48.4%	-	-	15,796	15,487	309	27
28	Mi Via Waiver (D&E)	18,943	99.5%	23,558	55	55	1,514	23,668	24.9%	-	-	23,668	23,662	6	28
29	Mi Via Waiver BI (ALTSD)	10,994	99.2%	11,762	17	17	894	11,862	7.9%	-	-	11,862	11,862	-	29
30	Subtotal HCBW	315,367	99.9%	326,204	303	303	5,180	326,421	3.5%	-	-	326,421	328,292	(1,871)	30
31	Physical Health MCO	1,014,036	98.8%	1,097,240	52,933	61,807	5,429	1,111,544	9.6%	48,766	48,766	1,160,310	1,160,613	(303)	31
32	Behavioral Health MCO	241,494	100.0%	248,579	1,050	1,050	-	248,579	2.9%	11,510	11,510	260,090	260,142	(52)	32
33	CalTS	865,427	98.9%	911,900	13,790	24,813	323	923,336	6.7%	-	-	923,336	922,581	756	33
34	State Coverage Insurance	153,764	97.3%	138,183	6,824	12,098	576	144,032	-6.3%	75,943	75,943	219,976	220,414	(438)	34
35	Subtotal MCO	2,274,721	98.8%	2,395,902	74,597	99,768	6,329	2,427,492	6.7%	136,220	136,220	2,563,711	2,563,750	(38)	35
36	Medicare Part A	750	100.0%	778	778	778	-	778	3.8%	-	-	778	778	-	36
37	Medicare Part B	89,616	100.0%	87,368	87,368	87,368	-	87,368	-2.5%	-	-	87,368	87,368	-	37
38	Medicare Part D	24,404	100.0%	25,116	25,116	25,116	-	25,116	2.9%	-	-	25,116	25,116	-	38
39	Subtotal Medicare	114,769	100.0%	113,262	113,262	113,262	-	113,262	-1.3%	-	-	113,262	113,262	-	39
40	Utilization	8,499	100.0%	8,143	8,143	8,143	-	8,143	-4.2%	-	-	8,143	8,143	-	40
41	HIT Incentive Payments	37,131	100.0%	31,388	31,388	31,388	-	31,388	na	-	-	31,388	31,388	-	41
42	Contracts	-	na	1,755	1,755	1,755	-	1,755	na	-	-	1,755	1,755	-	42
43	Prior Years Charged to Current Year	12,813	na	-	-	-	-	-	na	-	-	-	-	-	43
44	Subtotal	58,444	-	41,286	41,286	41,286	-	41,286	na	-	-	41,286	41,286	-	44
45	Total	3,488,849	98.7%	3,486,351	412,009	446,148	12,241	3,533,314	1.3%	143,038	143,108	3,676,422	3,673,932	2,491	45

FY 13 Operating Budget
Projected Surplus/(Shortfall)
3,878,564
202,142

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

Line No.	Description	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 XIX 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	Federal Share (\$000s) M	% of Composite Federal Share N		
1	Inpatient Hospital	97,481	9	36	731	-	961	-	95,744	-	-	-	67,546	69.29%	
2	DSH	30,957	-	-	-	-	-	-	30,957	-	-	-	21,382	69.07%	
3	GME	7,187	-	-	-	-	-	-	7,187	-	-	-	4,964	69.07%	
4	IME	32,364	-	-	-	-	-	-	32,364	-	-	-	22,366	69.11%	
5	SCPH-UPL	88,395	-	-	-	-	-	-	86,360	-	-	-	61,144	69.17%	
6	Physician Services	54,746	588	-	2,694	-	808	-	50,270	-	387	-	38,116	69.62%	
7	Prescribed Drugs	11,363	37	-	786	-	277	-	10,261	-	2	7,964	70.09%		
8	Dental Services	14,160	135	-	73	-	954	-	12,997	-	-	9,927	70.11%		
9	Transportation	7,807	2	-	108	-	146	-	7,551	-	-	5,421	69.43%		
10	Lab and X-Ray	3,951	3	-	232	-	24	-	3,691	-	-	2,756	69.75%		
11	EPSDT	2,448	3	-	0	-	113	-	2,331	-	-	1,704	69.61%		
12	IHS Hospital	84,515	84,424	-	-	-	-	-	-	-	91	84,424	99.89%		
13	Nursing Facility	3,053	-	-	-	-	-	-	3,053	-	-	2,110	69.11%		
14	ICF MR	24,908	-	-	-	-	-	-	24,908	-	-	17,219	69.13%		
15	Clinic Services	12,858	1	-	1	-	837	-	11,989	-	31	8,939	69.52%		
16	Federal Qualified Health Centers	23,811	3	-	118	-	116	-	23,574	-	-	16,550	69.51%		
17	Other Practitioners	37,931	7	-	61	-	996	-	36,866	-	0	26,318	69.38%		
18	Outpatient Hospital	39,206	70	-	3,175	-	819	-	35,138	-	3	27,489	70.12%		
19	Family Planning	8,781	3,109	5,607	-	-	-	-	-	-	66	8,155	92.87%		
20	PACE	11,859	-	-	-	-	-	-	11,859	-	-	8,199	69.14%		
21	Personal Care Options	645	-	-	2	-	-	-	643	-	-	446	69.15%		
22	Others	6,243	51	-	154	-	64	-	5,832	142	1	4,328	69.33%		
23	BH CFFS	27,056	7,534	0	90	-	760	-	16,180	2,491	-	20,629	76.24%		
24	Premium Assistance Program	18	-	-	-	-	-	-	-	-	18	-	0.00%		
25	Subtotal FFS	631,742	95,977	5,643	8,226	-	8,875	-	509,755	2,633	599	488,094	74.10%		
26	AIDS, DD and MF (DOH)	275,095	-	-	-	-	-	391	272,893	1,811	-	189,832	69.01%		
27	Mi Via Waivers (DOH)	15,796	-	-	-	-	-	302	14,673	822	-	10,790	68.31%		
28	Mi Via Waiver (D&E)	23,868	-	-	-	-	-	391	21,993	1,284	-	16,136	68.18%		
29	Mi Via Waiver BI (ALTSD)	11,862	-	-	-	-	-	273	10,950	639	-	8,093	68.23%		
30	Subtotal HCBW	326,421	-	-	-	-	-	1,357	320,508	4,555	-	224,851	68.88%		
31	Physical Health MCO	1,160,310	18,751	5,326	-	-	48,766	-	1,089,346	-	121	811,890	69.97%		
32	Behavioral Health MCO	260,090	1,050	-	28	-	11,510	-	247,501	-	-	181,220	69.68%		
33	Co.LTS	923,336	11,330	-	704	-	-	-	911,302	-	-	641,959	69.53%		
34	State Coverage Insurance	219,976	6,080	-	-	76,372	-	-	137,528	-	15	157,444	71.57%		
35	Subtotal MCO	2,563,711	35,191	5,326	732	76,372	60,276	-	2,385,878	-	136	1,792,513	69.92%		
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	25,116	-	-	-	-	-	-	-	-	25,116	-	0.00%		
39	Subtotal Medicare	113,262	4,021	-	-	-	-	-	74,434	-	34,808	55,486	48.99%		
40	Utilization	8,143	-	-	-	-	-	8,143	-	-	-	6,107	75.00%		
41	HIT Incentive Payments	31,388	31,388	-	-	-	-	-	-	-	-	31,388	100.00%		
42	Contracts	1,755	-	-	-	-	-	-	-	1,755	-	878	50.00%		
43	Prior Years Charged to Current Year	-	-	-	-	-	-	-	-	-	-	-	na		
44	Subtotal	41,286	31,388	-	-	-	-	-	-	-	-	38,373	92.94%		
45	Total	3,676,422	166,576	10,969	8,958	76,372	67,151	9,500	3,290,375	8,944	35,543	2,579,317	70.16%		

	HSD Budget	Billed Amount	Collection YTD	HSD Projection
48 State Share Revenues:				
50 Department of Health (Line 29 & 31) ¹⁰	95,871	91,165	84,325	95,871
51 Department of Health Additional Need / (Surplus)	-	-	-	(5,284)
52 Department of Health for Early Intervention	6,400	6,759	6,759	6,759
53 Department of Health for FQHC's	500	482	482	482
54 Department of Health for EC	1	0	0	0
55 County Supported Medicaid Fund	25,600	25,728	25,370	25,728
56 Total Operating Transfers In	128,372	124,134	116,936	123,557
57				
58 UNM SCI IGT	23,760	16,286	16,286	16,286
59 School Based Health Services (Part of Line 15)	3,821	3,649	3,018	3,649
60 Physician UPL UNM	2,759	3,539	3,539	3,539
61 Sole Community Provider Hospital Fund (Line 5)	85,650	58,291	58,291	50,551
62 SCPH - SFY12	-	-	-	7,740
63 SCPH - Refund to counties	-	(10,840)	(10,840)	(10,840)
64 Drug Rebates	1,251	22,454	22,454	22,454
65 Fraud	872	923	923	923
66 Tort and Insurance Carrier Refund	-	239	239	239
67 Income Diversion Trust/Estate Recoveries	495	562	562	562
68 Buy-In Recovery	215	187	187	187
69 Cost Settlement	3,542	-	-	-
70 Misc. Revenue	-	343	343	343
71 HMS RAC-TPL/Subrogation	-	2,072	2,072	2,072
72 Tobacco Settlement Revenue, Base	9,456	9,456	9,456	9,456
73 Tobacco Settlement Revenue ¹³	19,046	19,046	19,046	19,046
74 Total Other Revenues	150,887	70,925	125,578	128,207
75 General Fund Need ¹⁴	-	-	-	867,142
76 Appropriation in FY13	-	-	-	894,325
77 Transfer to Admin Budget	-	-	-	(1,416)
78 State Revenue Surplus / (Shortfall)	-	-	-	25,767

PROJECTED REVENUES	
Federal Revenues	2,579,317
Federal Disallowances ¹¹	-
Contingency Appropriation ¹¹	-
Federal Disallowances ¹²	(19,800)
All State Revenues	1,116,908

- 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 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 MV/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 Line Item Model with Centennial Care and Medicaid Expansion with Actual Data Thru Nov 2013 (500061)

Line No.	Description	FY 13 Title XIX Projection C	FY 14 % Completion D	Title XIX Actual Lump YTD E	Actual Paid Lump YTD F	Projected Lump Sum G	Others H	FY 14 Title XIX Projection I	% Change from FY 13 J	CHIP/SCI Actual YTD K	CHIP/SCI Projection L	FY 14 TOTAL Medicaid Projection M	Sept 2013 Projection N	Change from Previous O	Line No. P
1	Inpatient Hospital	86,520	35.2%	25,972	-	-	-	73,849	-23.49%	373	919	74,768	75,296	(528)	1
2	DOSH	30,957	0.0%	-	-	31,393	-	31,393	1.41%	-	-	31,393	31,393	-	2
3	IGME	7,187	0.0%	1,797	1,797	7,570	-	7,570	5.33%	-	-	7,570	7,570	(128)	3
4	IME	32,364	0.0%	-	-	32,081	-	32,081	-0.88%	-	-	32,081	32,081	-	4
5	SCPH-UPL	88,395	0.0%	19,330	19,330	34,445	-	34,445	-61.03%	-	-	34,445	34,445	-	5
6	UCC Pool	-	0.0%	-	-	34,445	-	34,445	-	-	-	34,445	34,445	-	6
7	Physician Services	53,942	30.3%	13,494	-	10,953	-	44,689	-17.15%	259	649	45,337	45,473	(136)	7
8	Prescribed Drugs	11,086	45.5%	4,570	-	-	-	10,321	-9.31%	126	126	9,576	9,576	745	8
9	Dental Services	13,206	43.5%	5,716	-	-	-	13,158	-0.36%	373	854	14,012	13,596	417	9
10	Transportation	7,661	37.5%	2,764	-	-	-	7,409	-3.29%	73	159	7,568	7,577	(10)	10
11	Lab and X-Ray	3,926	43.6%	1,410	-	-	-	3,233	-17.66%	9	21	3,254	3,419	(165)	11
12	EPDIT	2,334	27.6%	978	-	-	-	2,169	-7.09%	55	110	2,279	2,414	(135)	12
13	IHS Hospital	84,515	32.1%	28,483	-	-	-	88,807	5.08%	-	-	88,807	88,868	(61)	13
14	Nursing Facility	3,053	27.6%	841	-	-	-	2,105	-31.05%	-	-	2,105	2,554	(449)	14
15	ICF MR	24,908	36.2%	9,198	-	-	-	25,376	1.88%	-	-	25,376	25,142	234	15
16	Clinic Services	12,021	23.3%	2,907	-	-	-	13,492	12.23%	185	398	13,890	13,801	89	16
17	Federal Qualified Health Centers	23,695	51.8%	6,929	5,453	9,774	-	13,462	-43.62%	43	102	13,549	13,549	(87)	17
18	Other Practitioners	36,935	43.9%	12,584	-	-	-	28,838	-21.92%	378	657	29,496	29,120	376	18
19	Outpatient Hospital	38,387	44.0%	13,708	-	-	-	31,099	-18.99%	305	721	31,820	31,659	161	19
20	Family Planning	8,784	42.5%	3,367	-	-	-	7,914	-9.69%	8	8	7,922	7,409	513	20
21	PACE	11,859	41.5%	4,927	-	-	-	11,858	0.00%	-	-	11,858	11,858	-	21
22	Personal Care Options	645	46.5%	189	-	-	-	406	-36.99%	-	-	406	450	(44)	22
23	Others	6,179	39.1%	1,698	423	887	145	4,341	-29.74%	18	50	4,391	4,157	235	23
24	BH CFS	26,296	24.1%	5,618	-	-	-	23,550	-11.20%	-	0	23,550	23,382	(168)	24
25	Premium Assistance Program	18	83.2%	6	-	-	-	7	-63.02%	-	-	7	7	0	25
26	Subtotal	624,853	30.6%	166,226	27,003	161,546	145	545,446	-12.71%	2,197	4,915	550,361	549,368	993	26
27	AIDS, DD and MF (DOH)	275,095	33.1%	98,622	-	226	1,727	297,610	8.18%	-	-	297,610	300,057	(2,447)	27
28	MI Via Waivers (DOH)	15,796	33.3%	8,173	9	29	1,398	24,558	55.47%	-	-	24,558	24,123	435	28
29	MI Via Waiver (DBE)	23,668	75.0%	10,258	14	25	861	14,061	-40.59%	-	-	14,061	13,978	84	29
30	MI Via Waiver BI	11,862	72.2%	4,080	6	8	381	8,366	-52.37%	-	-	8,366	5,650	2,716	30
31	Subtotal	326,421	35.4%	121,132	29	288	4,366	341,879	4.74%	-	-	341,879	341,808	71	31
32	Physical Health MCO 1H	1,111,544	79.1%	459,234	24,931	5,803	49,143	581,291	-47.70%	20,317	24,600	605,891	607,142	(1,251)	32
33	Behavioral Health MCO 1H	248,579	82.8%	100,417	-	500	-	121,271	-51.21%	4,739	5,700	126,971	126,208	763	33
34	CoLTS 1H	923,336	81.1%	367,927	6,611	5,511	13,843	453,919	-50.84%	-	-	453,919	458,792	(4,873)	34
35	State Coverage Insurance 1H	144,032	82.3%	66,638	6,430	2,519	6,430	84,920	-41.04%	18,443	18,443	103,364	103,475	(112)	35
36	Subtotal	2,427,492	80.4%	594,217	37,971	14,333	69,416	1,241,401	-48.86%	43,459	48,743	1,290,144	1,295,618	(5,473)	36
37	Centennial Care 2H	-	0.0%	-	-	11,314	76,445	1,132,511	-	-	26,666	1,159,176	1,196,510	(37,334)	37
38	Behavioral Health 2H	-	0.0%	-	-	500	-	133,146	-	-	6,107	144,776	144,776	(5,522)	38
39	Subtotal	-	0.0%	-	-	11,814	76,445	1,265,657	-	-	32,773	1,298,429	1,341,286	(42,856)	39
40	Medicare Part A	778	50.0%	364	-	-	-	729	-6.36%	-	-	729	778	(50)	40
41	Medicare Part B	87,368	49.2%	45,703	-	-	-	92,891	6.32%	-	-	92,891	93,263	(362)	41
42	Medicare Part D	25,116	42.6%	10,721	-	-	-	25,138	0.09%	-	-	25,138	25,051	87	42
43	Subtotal	113,262	47.8%	56,789	-	-	-	118,758	4.85%	-	-	118,758	119,082	(325)	43
44	Utilization	8,143	26.3%	1,838	-	-	-	7,000	-14.04%	-	-	7,000	7,000	-	44
45	HIT Incentive Payment	31,388	53.6%	5,106	-	9,533	-	9,533	-69.63%	-	-	9,533	9,533	-	45
46	Contracts	1,755	93.6%	18,016	-	-	-	19,245	996.31%	-	-	19,245	19,245	-	46
47	Subtotal	41,286	65.8%	24,951	-	9,533	-	35,778	-13.84%	-	-	35,778	35,778	-	47
48	Rate Increase for Primary Care Services	-	0.0%	-	-	-	-	13,816	-	-	-	13,816	13,816	-	48
49	Health Home	-	na	-	-	-	-	-	-	-	-	-	-	-	49
50	Insurer's Fee	-	0.0%	-	-	-	-	21,798	-	-	-	21,798	24,140	(2,342)	50
51	Woodwork (Children)	-	0.0%	-	-	-	-	11,291	-	-	-	11,291	12,416	(1,125)	51
52	WAGI Impact (Children)	-	0.0%	-	-	-	-	5,262	-	-	-	5,262	5,217	45	52
53	Woodwork (Aged)	-	0.0%	-	-	-	-	4,797	-	-	-	4,797	4,978	(181)	53
54	Subtotal	54	0.0%	-	-	-	-	52,702	-	-	7,451	60,153	56,408	3,745	54
55	SCJ Adults Up to 138% FPL - Physical Health	-	0.0%	-	-	-	-	65,931	-	-	-	65,931	65,931	-	55
56	Newly Eligibles - Physical Health	-	0.0%	-	-	-	-	232,444	-	-	-	232,444	232,444	-	56
57	Newly Eligibles/SCJ - Behavioral Health	-	0.0%	-	-	-	-	26,760	-	-	-	26,760	26,760	-	57
58	Subtotal	-	0.0%	-	-	-	-	325,134	-	-	-	325,134	325,134	-	58
59	Grand Total	3,533,314	35.0%	1,363,325	65,003	197,515	150,372	3,526,755	11.14%	45,697	93,882	4,020,637	4,064,483	(43,846)	59

Notes:
 1. (Column H) Others under the managed care projection lines (lines 32-35, 37-38) reflect the SCPI payments and new Centennial Care programs administered through the MCO.
 2. (Line 37) Centennial Care expenditures include all acute and long term care expenditures.
 3. (Line 50) Insurer's Fee represents 1.9% impact of PPACA Health Insurance Fee as estimated in the Milliman Client Report of January 2012.

FY 14 Operating Budget
 Projected Surplus/(Shortfall) 279,995

No. A	Description B	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										
		FY 14 Projection C	HIT, IHS, Refugees & UNM UPL (100% FFP) ¹ D	Health Homes, Sterilization & Family Planning Services (90% FFP) ² E	Breast & Cervical Cancer Program (EFMAP) ³ F	Title XXI CHIP (EFMAP) ⁴ G	Utilization Review (75% FFP) ⁵ H	Title XIX Medicaid (FMAP) ⁶ I	Admin and Fees (50% FFP) ⁷ J	Non-Federal Financial Participation Expenses (0% FFP) ⁸ K	Federal Share (\$000s) L	% of Composite Federal Share M
1	Inpatient Hospital	74,768	-	28	555	919	-	73,260	-	-	51,854	69.35%
2	DSH	31,393	-	-	-	-	-	31,393	-	-	21,411	68.20%
3	GME	7,570	-	-	-	-	-	7,570	-	-	5,238	69.20%
4	RMC	32,061	-	-	-	-	-	32,061	-	-	22,200	69.20%
5	SCPH - UPL	34,445	-	-	-	-	-	34,445	-	-	23,836	69.20%
6	UCC Pool	34,445	-	-	-	-	-	34,445	-	-	23,825	69.17%
7	Physician Services	45,337	74	-	1,564	649	-	42,847	-	203	31,420	69.30%
8	Prescribed Drugs	10,321	15	-	413	268	-	9,626	-	-	7,194	69.70%
9	Dental Services	14,012	58	-	45	854	-	13,055	-	-	9,757	69.63%
10	Transportation	7,568	0	-	62	79	-	7,426	-	-	5,242	69.27%
11	Lab and X-Ray	3,254	2	-	74	21	-	3,158	-	-	2,259	69.41%
12	EPSDT	2,279	2	-	0	110	-	2,167	-	-	1,583	69.49%
13	IHS Hospital	88,807	88,643	-	-	-	-	-	-	164	88,807	100.00%
14	Nursing Facility	2,105	-	-	-	-	-	2,105	-	-	1,456	69.18%
15	ICF MR	25,376	-	-	0	357	-	25,018	-	-	17,581	69.20%
16	Clinic Services	13,890	1	-	70	112	-	13,676	-	30	9,603	69.14%
17	Federal Qualified Health Centers	13,462	4	-	25	596	-	12,838	-	-	9,367	69.58%
18	Other Practitioners	29,496	27	-	17	113	-	29,339	-	-	20,411	69.20%
19	Outpatient Hospital	31,820	-	-	-	259	-	31,561	-	-	22,004	69.15%
20	Family Planning	7,922	2,942	4,939	-	-	8	0	-	34	7,393	93.33%
21	PACE	11,858	-	-	-	-	-	11,858	-	-	8,199	69.14%
22	Personal Care Options	406	-	-	3	-	-	404	-	-	281	69.19%
23	Others	4,391	44	-	2,389	571	-	1,262	145	-	3,292	74.97%
24	BH CFFS	23,350	8,094	-	4	8	-	13,997	1,247	-	16,838	72.11%
25	Premium Assistance Program	7	-	-	-	-	-	-	-	7	-	-
26		550,363	99,812	4,966	5,202	4,923	-	433,528	1,992	437	411,051	74.69%
27	AIDS, DD and MF (DOH)	297,610	-	-	-	-	-	295,883	1,335	-	205,006	68.88%
28	MI Via Walkers (DOH)	24,558	-	-	-	-	-	647	23,160	751	16,811	68.45%
29	MI Via Walker (D&E)	14,061	-	-	-	-	-	369	13,201	491	9,576	68.10%
30	MI Via Walker BI	5,650	-	-	-	-	-	196	5,269	185	3,871	68.52%
31		341,879	-	-	-	1,603	-	337,513	2,763	-	235,265	68.82%
32	Physical Health MCO 1H	605,891	5,803	2,935	-	24,600	-	572,554	-	-	423,771	69.94%
33	Behavioral Health MCO 1H	126,971	500	-	-	5,700	-	120,771	-	-	88,547	69.74%
34	CoLTs 1H	453,919	5,511	-	350	-	-	448,057	-	-	315,553	69.52%
35	State Coverage Insurance 1H	103,264	1,988	-	-	18,662	-	82,714	-	1	72,960	70.51%
36		1,290,144	13,800	2,835	350	48,962	-	1,224,098	-	1	900,851	69.83%
37	Centennial Care 2H	1,159,176	11,314	3,328	2,046	26,666	-	1,115,873	-	-	808,705	69.77%
38	Behavioral Health 2H	139,253	500	-	94	6,107	-	132,552	-	-	97,090	69.72%
39		1,298,429	11,814	3,328	2,140	32,773	-	1,248,375	-	-	905,795	69.76%
40	Medicare Part A	729	-	-	-	-	-	729	-	-	504	69.17%
41	Medicare Part B	92,891	4,318	-	-	-	-	78,503	-	10,070	58,616	63.10%
42	Medicare Part D	25,138	-	-	-	-	-	-	-	25,138	-	0.00%
43		118,758	4,318	-	-	-	-	79,232	-	35,208	59,120	49.78%
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		35,778	9,533	-	-	-	7,000	-	1,245	18,000	15,406	43.06%
48	Rate Increase for Primary Care Services	13,816	12,888	-	-	-	-	-	928	-	13,530	97.93%
49	Health Home	-	-	-	-	-	-	-	-	-	-	-
50	Insurer's Fee	23,389	-	-	-	590	-	22,798	-	-	16,240	69.43%
51	Woodwork (Children)	12,890	-	-	-	1,599	-	11,291	-	-	9,068	70.35%
52	MAAGI Impact (Children)	5,262	-	-	-	5,262	-	-	-	-	4,127	78.44%
53	Woodwork (Aged)	4,797	-	-	-	-	-	4,797	-	-	3,319	69.20%
54		60,153	12,888	-	-	7,451	-	39,814	-	-	46,283	76.94%
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		325,134	325,134	-	-	-	-	-	-	-	325,134	100.00%
59	Grand Total	4,020,637	477,400	11,229	7,893	94,108	8,603	3,362,558	5,399	53,647	2,898,905	72.10%

	HSD Budget	Billed Amount	Collection YTD	HSD Projection
63	State Share Revenues:			
64	Department of Health (Line 27 & 28) ⁹	100,412	25,004	17,893
65	Department of Health for Early Intervention	5,500	1,696	1,696
66	Department of Health for FQHCs	500	482	482
67	Department of Health for EC	1	-	1
68	Children, Youth and Families	-	-	-
69	County Supported Medicaid Fund	26,426	14,332	26,426
70	Tobacco Settlement Revenue, Base	9,220	-	3,842
71	Tobacco Settlement Revenue	-	-	5,016
72	Total Operating Transfers In	142,059	41,514	23,913
73				139,836
74	UNM SCI IGT	6,403	-	9,138
75	School Based Health Services (Part of Line 16)	4,091	516	84
76	Physician UPL UNM	2,811	-	524
77	Sole Community Provider Hospital Fund ¹¹	97,276	-	14,728
78	UNM SCPH IGT	-	-	48,729
79	Drug Rebates ¹²	1,251	-	16,323
80	Fraud	872	-	23,498
81	Tort and Insurance Carrier Refund	-	-	244
82	Income Diversion Trust	486	-	872
83	Buy-In Recovery	-	-	239
84	Cost Settlement	215	-	486
85	Estate Recovery	3,388	-	215
86	Misc. Revenue	9	-	93
87	HMS-RAC-TPL/Subrogation	-	-	3
88	Other Revenue	-	-	119
89	Total Other Revenues	116,802	516	352
90	General Fund Need	-	-	2,000
91				870,060
92	FY14 Op Bud 3	-	-	917,888
93				
94	State Revenue Surplus / (Shortfall)	-	-	47,827

PROJECTED REVENUES	
Federal Revenues	2,898,905
Federal Disallowance ¹⁰	-
All State Revenues	1,121,732

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 100% FFP 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, 2013, 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.
- SCPH revenue in FY14 includes \$1.2 million collected for FY13 SCPH payments.
- We have received collections from drug rebates at a faster rate than projected previously and we may update this projection to reflect this new information after additional review.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

FY 15 Trend Model with Centennial Care and Medicaid Expansion

Line No.	Description	FY 14 Title XIX Projection C	FY 14 Title XIX Projected Claims D	A Price E	S Impact F	A Recipient G	S Impact H	A Utilization I	S Impact J	Projected Lump Sum K	Others L	FY 15 Title XIX Projection M	% Change from FY 14 N	FY 14 Title XIX Projection O	FY 15 Title XXI Projection P	FY 15 Title Medicaid Projection Q	Sept 2013 Projection R	Change from Previous S	Line No. T
1	Inpatient Hospital	73,849	73,849	0.00%	-	-26.50%	(19,370)	0.00%	-	-	-	54,279	-26.50%	919	551	54,891	55,252	(421)	1
2	DOH	31,393	-	-	-	-	-	-	-	31,195	-	31,195	-0.63%	-	-	-	31,195	-	2
3	OME	7,570	-	-	-	-	-	-	-	7,697	-	7,697	1.69%	-	-	-	7,697	-	3
4	IME	32,081	-	-	-	-	-	-	-	32,081	-	32,081	0.00%	-	-	-	32,081	-	4
5	Safety Net Care	34,445	-	-	-	-	-	-	-	68,889	-	68,889	100.00%	-	-	-	68,889	-	5
6	HCQI Pool	34,445	-	-	-	-	-	-	-	1,412	-	1,412	-55.90%	-	-	-	1,412	-	6
7	Physician Services	44,689	-	-	-	-	-	-	-	5,477	-	5,477	-33.24%	649	487	90,530	30,411	(91)	7
8	HHS Hospital	88,807	-	-	1,723	0.00%	(9,379)	0.00%	-	-	-	90,530	1.94%	-	-	-	90,530	(62)	8
9	GICF NR	25,376	-	-	-	-	-	-	-	-	-	25,376	0.00%	-	-	-	25,376	234	9
10	Clinic Services	13,492	-	-	-	-	-	-	-	-	-	13,492	0.00%	398	299	-	13,703	87	10
11	Federal Qualified Health Centers	3,587	-	-	82	-29.00%	(1,064)	0.00%	-	-	-	2,605	-27.37%	102	76	2,482	2,744	(63)	11
12	Other Practitioners	28,838	-	-	82	-30.82%	(8,889)	0.00%	-	-	-	19,949	-30.82%	657	483	20,442	20,178	265	12
13	Outpatient Hospital	31,099	-	-	-	-29.00%	(9,019)	0.00%	-	-	-	22,080	-29.00%	721	541	22,631	32,495	1,136	13
14	Others	61,767	-	-	834	-20.23%	(2,662)	0.00%	-	-	-	48,939	-31.05%	1,477	1,136	54,075	50,645	689	14
15	BH	23,350	-	-	2	-23.55%	(5,500)	0.00%	-	-	-	19,993	-14.37%	0	0	-	17,685	2,108	15
16	Subtotal	545,446	583,889	0.69%	2,442	-12.16%	(66,883)	0.00%	-	146,752	2,141	468,152	-13.63%	4,818	3,283	472,935	470,113	2,822	16
17	DD and MF (DOH)	297,610	297,610	0.00%	-	-0.13%	(369)	0.00%	-	-	-	297,241	-0.12%	-	-	-	299,685	(2,444)	17
18	MH Via Whetst (DOH)	24,558	24,558	0.00%	-	-0.09%	-	0.00%	-	-	-	24,558	0.00%	-	-	-	24,558	-	18
19	Subtotal	322,168	322,168	0.00%	-	-0.13%	(369)	0.00%	-	-	-	321,799	-0.11%	-	-	-	324,243	2,445	19
20	Centennial Care	2,718,741	2,692,027	1.05%	21,980	4.86%	10,142	0.66%	14,623	27,628	169,150	2,421,821	6.23%	74,515	74,280	2,484,100	2,499,351	2,750	20
21	Behavioral Health	256,267	252,267	0.00%	-	-8.15%	-20,798	0.00%	-2,981	1,000	24,646	304,552	-18.84%	12,692	16,532	321,085	306,119	14,966	21
22	Subtotal	2,975,008	2,944,294	0.98%	21,980	5.16%	122,210	0.70%	17,465	29,628	193,796	2,726,373	7.51%	87,207	90,812	2,817,185	2,799,469	17,716	22
23	Medicare Part A	729	729	0.00%	-	0.00%	-	0.00%	-	-	-	729	0.00%	-	-	-	729	-	23
24	Medicare Part B	92,891	92,891	0.00%	-	7.26%	6,743	0.00%	-	-	-	99,634	7.26%	-	-	-	99,634	(45)	24
25	Medicare Part D	25,138	25,138	0.00%	77	-0.01%	(3)	0.00%	-	-	-	25,212	0.29%	-	-	-	25,198	14	25
26	Subtotal	118,758	118,758	0.06%	77	5.67%	6,740	0.00%	-	9,000	-	125,575	5.76%	-	-	-	125,575	(280)	26
27	Utilization	7,000	-	-	-	-	-	-	-	9,000	-	9,000	28.57%	-	-	-	9,000	-	27
28	HIT	9,533	-	-	-	-	-	-	-	-	-	-	-100.00%	-	-	-	-	-	28
29	Contracts	19,245	-	-	-	-	-	-	-	-	-	-	-100.00%	-	-	-	-	-	29
30	Subtotal	35,778	-	-	-	-	-	-	-	9,000	-	9,000	-74.84%	-	-	-	9,000	-	30
31	Rate Increase for Primary Care Services	13,816	13,816	10.79%	1,491	0.00%	-	0.00%	-	9,000	-	15,307	10.79%	-	-	-	15,307	-	31
32	Health Home	-	-	-	-	-	-	-	-	-	12,000	12,000	-100.00%	571	-	-	12,000	-	32
33	Insurer's Fee	22,798	-	-	-	-	-	-	-	-	-	-	-100.00%	-	-	-	-	-	33
34	Subtotal	36,614	13,816	10.79%	1,491	0.00%	516,353	3.68%	31,695	27,807	12,000	800,108	152.24%	-	-	-	27,807	-	34
35	Newly Eligibles - Physical Health	325,134	325,134	6.08%	19,777	149.71%	516,353	3.68%	31,695	27,807	6,415	899,374	176.82%	-	-	-	899,374	-	35
36	Newly Eligibles - Behavioral Health	225,134	225,134	0	0	19.777	516,353	3.68%	31,695	27,807	6,415	899,374	176.82%	-	-	-	899,374	-	36
37	Subtotal	3,819,906	3,819,906	1.51%	45,967	16.27%	578,852	1.15%	49,159	179,380	214,852	4,278,779	16.81%	91,696	94,395	4,674,174	4,646,512	28,663	37

- Notes:
1. (Row 14) Others contains: Transportation, Lab/X-Ray, Prosthetics, RHC, RTC, Hospice, Home Health, Medical Supplies, Prescribed Drugs, Dental Services, EPD07, Nursing Facility, PACE, PCO.
2. (Line 20 - Column L) Others under the managed care projection lines reflect the SOPH payments administered through the MCOs and additional Centennial Care program changes.
3. (Line 33) Insurer's Fee represents 1.9% impact of PPACA Health Insurance Fee as estimated in the Milliman Client Report of January 2012 and is reflected in the Centennial Care line for the Medicaid base population and in the Newly Eligibles lines for the Newly Eligibles population.

FY 15 Trend Model with Centennial Care and Medicaid Expansion

No.	Description	Federal Medicaid Expenditure Type and Federal Financial Participation Rates										
		FY 15 Projection	Health Homes, HIT, IHS, Refugees & UNM UPL (100% FFF) ¹	Sterilization & Family Planning Services (90% FFF) ²	Breast & Cervical Cancer Program (RFMAP) ³	Title XXI CHIP (RFMAP) ⁴	Utilization Review (75% FFF) ⁵	Title XIX Medicaid (FMAP) ⁶	Admin and Fees (50% FFF) ⁷	Non-Federal Financial Participation Expenses (50% FFF) ⁸	Federal Share (\$000)	% of Composite Federal Share
A	B	C	D	E	F	G	H	I	J	K	L	M
1	Inpatient Hospital	54,831	10	-	-	551	-	54,269	-	-	38,210	69.69%
2	DSH	31,195	-	-	-	-	-	31,195	-	-	21,728	69.65%
3	GME	7,697	-	-	-	-	-	7,697	-	-	5,353	69.54%
4	IIME	32,081	-	-	-	-	-	32,081	-	-	22,308	69.54%
5	Safety Net Care	68,889	-	-	-	-	-	68,889	-	-	47,906	69.54%
6	HCHI Pool	1,412	-	-	-	-	-	1,412	-	-	982	69.54%
7	Physician Services	30,320	110	-	-	487	-	29,521	-	203	21,033	69.37%
8	IHS Hospital	90,530	89,530	-	-	1,000	-	-	-	-	89,530	98.30%
9	ICF MR	25,376	-	-	-	-	-	25,376	-	-	17,652	69.56%
10	Clinic Services	13,790	-	-	-	299	-	13,422	-	70	9,581	69.47%
11	Federal Qualified Health Centers	2,682	3	-	-	76	-	2,602	-	-	1,873	69.85%
12	Other Practitioners	20,442	6	-	-	493	-	19,942	-	2	14,269	69.80%
13	Outpatient Hospital	22,621	65	-	-	541	-	22,012	-	3	15,802	69.86%
14	Others	51,075	2,258	1,411	-	1,136	-	46,269	-	-	36,604	71.67%
15	BH	19,993	6,524	-	-	0	-	12,222	1,247	-	15,647	78.26%
16	Subtotal	472,995	98,506	1,411	-	4,583	-	366,910	1,247	278	354,478	75.00%
17	DD and MF (DOH)	297,741	-	-	-	-	-	294,665	2,576	-	206,286	69.40%
18	Mi Via Walkers (DOH)	24,558	-	-	-	-	-	23,062	1,496	-	16,790	68.37%
19	Subtotal	321,799	-	-	-	-	-	317,727	4,072	-	223,076	68.32%
20	Centennial Care	2,496,100	22,628	-	-	74,280	-	2,398,993	-	200	1,748,695	70.06%
21	Behavioral Health	321,085	1,000	-	-	18,011	-	302,074	-	-	225,234	70.15%
22	Subtotal	2,817,185	23,628	-	-	82,291	-	2,701,066	-	200	1,973,929	70.07%
23	Medicare Part A	729	-	-	-	-	-	729	-	-	504	69.17%
24	Medicare Part B	99,634	4,684	-	-	-	-	84,468	-	10,482	63,813	63.55%
25	Medicare Part D	25,212	-	-	-	-	-	-	-	25,212	0.00%	
26	Subtotal	125,575	4,684	-	-	-	-	85,197	-	35,694	63,818	50.82%
27	Utilization	9,000	-	-	-	-	9,000	-	-	-	6,750	75.00%
28	HIT	-	-	-	-	-	-	-	-	-	-	-
29	Contracts	-	-	-	-	-	-	-	-	-	-	-
30	Subtotal	9,000	-	-	-	-	9,000	-	-	-	6,750	75.00%
31	Rate Increase for Primary Care Services	15,307	6,571	-	-	-	-	8,735	-	-	12,645	82.61%
32	Health Home	12,000	-	12,000	-	-	-	-	-	-	10,800	90.00%
33	Insurer's Fee	-	-	-	-	-	-	-	-	-	-	-
34	Subtotal	27,307	6,571	12,000	-	-	-	8,735	-	-	23,445	85.86%
35	Newly Eligibles - Physical Health	820,108	820,108	-	-	-	-	-	-	-	820,108	100.00%
36	Newly Eligibles - Behavioral Health	79,266	79,266	-	-	-	-	-	-	-	79,266	100.00%
37	Subtotal	899,374	899,374	-	-	-	-	-	-	-	899,374	100.00%
38	Grand Total	4,673,174	1,082,763	13,411	-	96,874	9,000	3,479,635	5,319	36,171	3,548,870	75.84%

	FY 15 Budget Request	HSD Projection
42 State Share Revenues:		
43 Department of Health (Line 17 & 18) ⁹	99,041	99,041
44 Department of Health for Early Intervention	8,392	8,392
45 Department of Health for FQHCs	482	482
46 Department of Health for EC	1	1
47 Children, Youth and Families	-	-
48 County Supported Medicaid Fund	26,891	26,891
49 Tobacco Settlement Revenue, Base	9,220	9,220
50 Tobacco Settlement Revenue	-	-
51 Total Operating Transfers In	144,027	144,027
52		
53 School Based Health Services (Part of Line 10)	3,325	3,325
54 Physician UPL UNM	1,675	1,675
55 Safety Net Care ¹¹	47,819	17,335
56 County Supported Hospital Payments ¹¹	-	21,301
57 UNM IGT	16,323	16,323
58 Drug Rebates ¹²	19,466	19,466
59 Fraud	872	872
60 Tort and Insurance Carrier Refund	-	-
61 Income Diversion Trust	486	486
62 Buy-In Recovery	215	215
63 Cost Settlement	500	500
64 Estate Recovery	9	9
65 Total Other Revenues	90,690	81,508
66		
67 General Fund Need	-	898,770
68		
69 Executive Recommendation	-	901,515
70		
71 State Revenue Surplus / (Shortfall)	-	2,745

PROJECTED REVENUES	
Federal Revenues	3,548,870
Federal Disallowance ¹⁰	-
All State Revenues	1,124,305

- Notes:
- HIT, IHS, UPL, QI-1 and Refugees are eligible for 100% FFF.
 - Health Homes, sterilization and FPW costs are eligible for 90% FFF.
 - Breast and cervical cancer (BCC) program with enhanced FMAP.
 - CHIP is a Title XXI program with enhanced FMAP.
 - Utilization review is federally matched at 75% admin. expenses.
 - Title XIX expenditures with regular FMAP. The FFY 2015 FMAP is from FFIS, released March 30, 2013, based on preliminary data.
 - Administration expenditures are eligible for 50% FFF.
 - Pregnancy termination, special needs and state only buy-in (Part B) expenditures are not eligible for federal financial participation.
 - DOH for Medicaid DD, MF and MIVia waiver services, projected revenue is without the 3% for admin.
 - There is a placeholder for potential federal disallowances.
 - The projected revenue from the counties to the Safety Net Care and hospital payments is reduced by \$9 million, contingent upon the counties providing financial support for them without the 3% for admin.
 - We have received collections from drug rebates at a faster rate than projected previously and we may update this projection to reflect this new information after additional review, without the 3% for admin.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division

Estimates of Monthly Medical Assistance Eligibles

Month-Year	Number of Eligibles in Medicaid & SCHIP (1) Medicaid (2) Eligibles Eligibility		% Change	Number of Eligibles in SLIMBS & dHIS (SQI) (SQI)		Number of Enrollees in State Coverage Insurance and Adult Expansion (SCHIP/Adults (SCHIP/Adults		Number of Enrollees in PAK and PAM (1) Actuals (2) Estimates		Totals (1) Actuals (2) Estimates = MER + SQI + SCHIP + Other		All Eligible Children (1) Medicaid (2) Eligibles Eligibility		Estimates % Change
	Report	Estimates		(1) Actuals	(2) Estimates	(1) Actuals	(2) Estimates	(1) Actuals	(2) Estimates	(1) Actuals	(2) Estimates	Report	Estimates	
2012	Jul-11	507,770	507,781	10,973	41,828	41,828	172	560,743	560,764	336,872	336,871	-0.16%		
	Aug-11	510,493	510,549	10,990	41,484	41,484	167	563,200	563,200	338,055	338,058	0.35%		
	Sep-11	511,035	511,129	11,030	41,107	41,107	162	563,334	563,428	337,509	337,517	-0.16%		
	Oct-11	511,200	511,338	11,093	40,739	40,739	153	563,185	563,321	336,885	336,897	-0.16%		
	Nov-11	511,928	512,109	11,181	40,328	40,328	147	563,584	563,765	336,602	336,617	-0.09%		
	Dec-11	511,630	511,860	11,206	39,889	39,889	144	563,198	563,379	335,674	335,695	-0.27%		
	Jan-12	514,312	514,597	11,237	39,813	39,813	135	565,297	565,582	338,743	338,769	0.32%		
	Feb-12	515,423	515,763	11,280	39,275	39,275	132	566,110	566,450	338,875	338,905	0.04%		
	Mar-12	517,229	517,630	11,481	38,987	38,987	131	567,828	568,229	337,257	337,293	0.12%		
	Apr-12	517,711	518,175	11,026	38,848	38,848	130	567,715	568,178	338,856	338,898	-0.12%		
	May-12	519,171	519,702	11,140	38,729	38,729	128	569,168	569,699	337,129	337,175	0.08%		
	Jun-12	519,369	519,967	11,185	38,774	38,774	128	569,456	570,054	338,902	338,952	-0.07%		
2013	Jul-12	521,363	522,038	11,229	38,885	38,885	125	571,592	572,257	337,898	337,952	0.24%		
	Aug-12	523,965	524,717	11,277	38,964	38,964	118	574,324	575,076	339,097	339,157	0.42%		
	Sep-12	524,206	525,038	11,294	38,780	38,780	114	574,394	575,226	338,577	338,642	-0.15%		
	Oct-12	526,025	526,942	11,302	38,709	38,709	109	576,145	577,062	339,088	339,159	0.15%		
	Nov-12	528,341	527,344	11,317	38,657	38,657	108	576,423	577,426	338,890	338,967	-0.06%		
	Dec-12	528,674	528,788	11,317	38,482	38,482	106	576,674	577,674	337,829	337,813	-0.31%		
2013	Jan-13	528,357	529,592	11,320	38,211	38,211	102	577,990	579,195	338,923	339,015	0.33%		
	Feb-13	527,171	528,479	11,359	37,941	37,941	102	577,881	579,181	337,763	337,864	-0.34%		
	Mar-13	527,108	528,531	11,405	37,736	37,736	100	578,349	579,772	337,072	337,184	-0.20%		
	Apr-13	527,809	529,358	11,413	37,509	37,509	99	578,830	579,379	336,910	337,030	-0.05%		
	May-13	527,333	529,031	11,416	37,308	37,308	96	578,513	579,851	336,057	336,192	-0.25%		
	Jun-13	528,878	528,760	11,385	37,059	37,059	90	578,152	577,284	335,139	335,303	-0.26%		
2014	Jul-13	528,151	530,381	11,883	36,839	36,839	89	578,962	579,103	335,320	335,570	0.08%		
	Aug-13	529,074	531,796	11,912	36,590	36,590	86	577,682	580,300	335,405	335,787	0.07%		
	Sep-13	530,229	532,229	11,941	36,468	36,468	84	578,722	583,777	333,777	333,777	-0.60%		
	Oct-13	537,898	537,898	11,970	36,318	36,318	81	585,265	585,265	335,034	335,034	0.38%		
	Nov-13	536,135	536,135	11,989	36,189	36,189	78	584,381	584,381	331,137	331,137	-1.16%		
	Dec-13	545,468	545,468	12,028	35,989	35,989	75	593,581	593,581	333,043	333,043	0.56%		
2014	Jan-14	504,431	504,431	12,057	97,897	97,897		614,385	614,385	347,993	347,993	4.49%		
	Feb-14	506,662	506,662	12,086	104,995	104,995		623,743	623,743	349,637	349,637	0.47%		
	Mar-14	510,617	510,617	12,115	112,093	112,093		634,825	634,825	352,462	352,462	0.81%		
	Apr-14	514,627	514,627	12,144	119,191	119,191		645,982	645,982	355,448	355,448	0.85%		
	May-14	517,460	517,460	12,173	126,289	126,289		655,922	655,922	357,848	357,848	0.68%		
	Jun-14	520,580	520,580	12,202	133,387	133,387		666,169	666,169	360,550	360,550	0.76%		
2015	Jul-14	524,261	524,261	12,231	135,882	135,882		672,374	672,374	361,751	361,751	0.33%		
	Aug-14	526,074	526,074	12,260	138,378	138,378		676,712	676,712	362,980	362,980	0.34%		
	Sep-14	527,793	527,793	12,289	140,874	140,874		680,956	680,956	364,029	364,029	0.29%		
	Oct-14	528,864	528,864	12,318	143,370	143,370		684,552	684,552	364,912	364,912	0.24%		
	Nov-14	529,019	529,019	12,347	145,866	145,866		687,232	687,232	365,222	365,222	0.08%		
	Dec-14	531,555	531,555	12,376	148,362	148,362		692,293	692,293	367,017	367,017	0.49%		
2016	Jan-15	521,739	521,739	12,405	150,858	150,858		685,002	685,002	368,631	368,631	0.44%		
	Feb-15	522,086	522,086	12,434	153,354	153,354		687,854	687,854	370,167	370,167	0.36%		
	Mar-15	524,071	524,071	12,463	155,850	155,850		692,384	692,384	371,216	371,216	0.28%		
	Apr-15	525,807	525,807	12,492	158,346	158,346		696,445	696,445	371,968	371,968	0.20%		
	May-15	526,668	526,668	12,521	160,842	160,842		700,031	700,031	373,308	373,308	0.36%		
	Jun-15	528,681	528,681	12,550	163,337	163,337		704,588	704,588					

Notes:

1. Data for Title XIX Medicaid and Title XXI SCHIP from July 2011 to August 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 August 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, and include woodwork additions. 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://insurenwmxico.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 January 2, 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 August 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 QI1s.
6. Specified Low-income Medicare Beneficiaries (SLIMBs) and Qualified Individuals (QI1s).
7. Medicaid expansion starts January 1, 2014. Medicaid expansion enrollment period began October 1, 2013. The enrollment figures reflect member equivalence and include adults in the current SCI and Family Planning programs, and newly eligible adult populations with incomes up to 138% of the federal poverty level. The woodwork populations are included with Medicaid Eligibles.

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

Report Release Date:

Wednesday, January 15, 2014

Report Revised Date:

Wednesday, January 15, 2014