





NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING APRIL 27, 2020

MEDICAL ASSISTANCE DIVISION

INVESTING FOR TOMORROW, DELIVERING TODAY.

# MEETING PROTOCOLS

*Investing for tomorrow, delivering today.* 

## MEETING PROTOCOLS

- Join GoToMeeting
- Mute Microphones
- Update Name and Address
- Committee MemberQuestions

- Chat Function for Public Comments
- Presenters and SlideTransition
- Meeting is Recorded

# INTRODUCTIONS

*Investing for tomorrow, delivering today.* 

# AGENDA

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## MEETING AGENDA

- 1. Meeting Protocols
- 2. Introductions
- 3. Agenda and Approval
- 4. January 2020 Minutes
- 5. MAD Director Update

- 6. Medicaid BudgetProjections
- 7. Public Comment
- 8. Adjournment

# APPROVAL OF AGENDA

/

# JANUARY 2020 MINUTES

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# MAD DIRECTOR UPDATE

*Investing for tomorrow, delivering today.* 

## **HEALTH CRISIS**

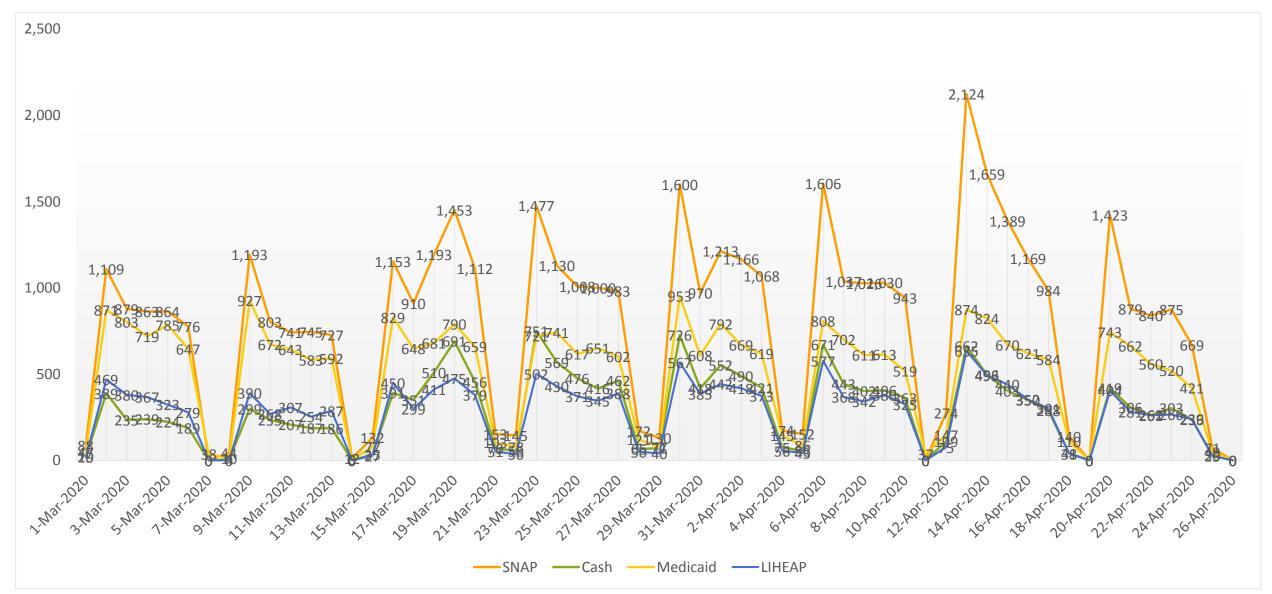
The COVID-19 pandemic has flooded hospitals in many countries and states

New Mexico has been successful in "flattening the curve" but:

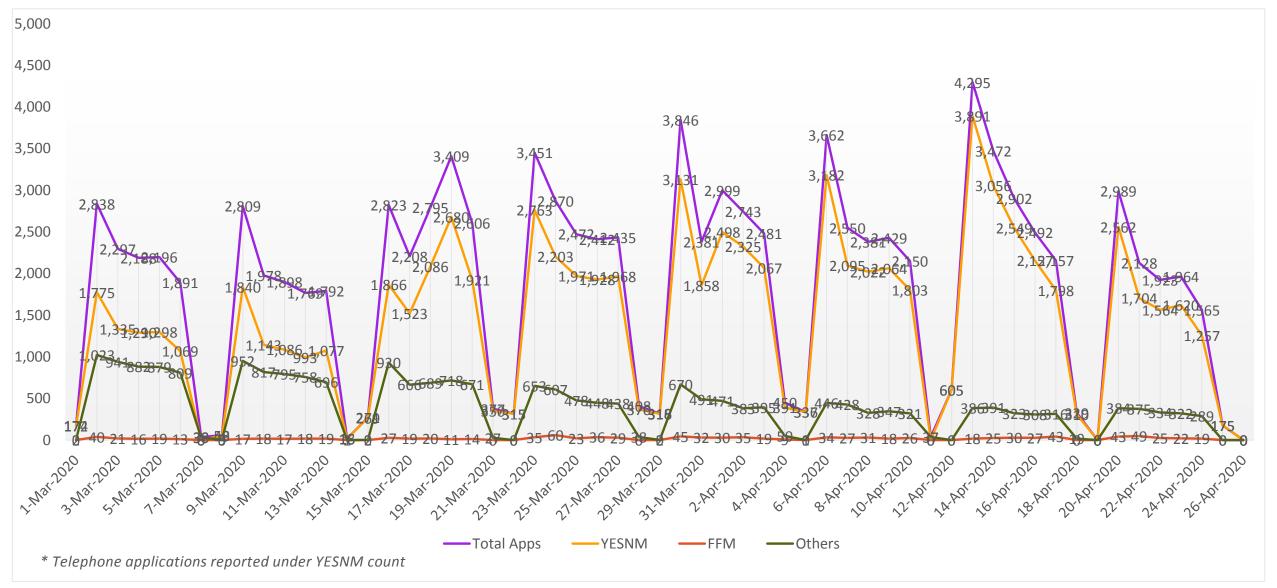
- inpatient hospital expenses may increase by 20-60%
- outpatient hospital expenses have dropped substantially due to cancellation of "elective" procedures but will rebound
- ICU bed days could double

Very challenging to make accurate estimates in the middle of the pandemic with variable modeling results

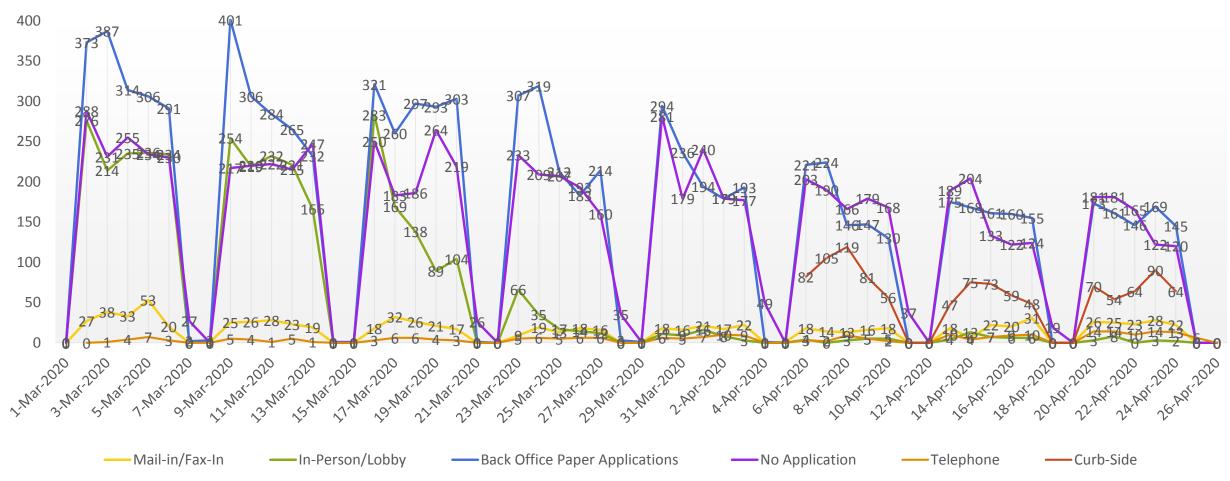
### NEW APPLICATIONS RECEIVED — DAILY BY PROGRAM



### NEW APPLICATIONS RECEIVED — DAILY BY SOURCE



# NEW APPLICATIONS RECEIVED — DAILY BREAKUP OF "OTHER" SOURCE



<sup>\*</sup> Telephone applications also reported under YESNM count

450

<sup>\*\*</sup> Curb-Side applications also reported under Back Office Paper Applications count

## MAD DIRECTOR UPDATE OVERVIEW

- COVID-19 Response
  - HSD
  - Federal
  - MAD
  - BHSD
- COVID-19 Outreach
- Resources
- Non-COVID Updates

## HSD ACTIVITIES IN RESPONSE TO COVID 19

- Emergency Operations Center (EOC)
- Emergency ServicesFunctions (ESF) 6
  - Food
  - Isolation Shelters
  - Non-Medical Supplies
  - Behavioral Health Services

- ■ESF 8 Department of Health
- Medical Advisory Team (MAT)
   Secretary Scrase
  - Clinical Care
  - Regional Care Coordination
  - Medical Facilities
  - Medical Workforce
  - Medical Equipment

## FEDERAL COVID-19 RESPONSE

- Phase 1 Bill Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (H.R. 6074)
- Phase 2 Bill Families First Coronavirus Response Act (<u>H.R. 6201</u>)
- Phase 3 Bill Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R. 748)
- Phase 3.5 Bill Paycheck Protection Program and Health Care Enhancement Act (H.R. 266)

## FEDERAL COVID-19 RESPONSE: MEDICAID IMPACT

Federal Legislation	Budget Impacts/Considerations			
Families First Coronavirus Response	1. 6.2% increased FMAP from 1/1/20 through end of emergency			
(FFCRA) Act	2. Maintenance of Effort – no terminations or reductions in benefits for the			
	duration of the emergency			
	3. 100% FMAP for testing and related services for uninsured			
Coronavirus Aid, Relief, and Economic	1. \$15.4M to NM FQHCs			
Security (CARES) Act	2. \$100B for US provider payments (\$170M to 1,700 NM providers paid out			
	based on 6% of Medicare FFS payments in 2019; next tranche expected soon and based on Medicaid)			
	3. Medicare accelerated payment program (halted 4/26)			

## MAD COVID-19 RESPONSE: FEDERAL WAIVERS

### 1135 Waiver

- CMS approved 3/23/20
  - Suspending prior authorizations and extending existing authorizations
  - Suspending PASRR Level I and II screening assessments for 30 days
  - Extension of time to request fair hearing of up to 120 days
  - Enroll providers who are enrolled in another state's Medicaid program or who are enrolled in Medicare
  - Waive screening requirements (ie. Fingerprints, site visits, etc) to quickly enroll providers
  - Cease revalidation of currently enrolled providers
- Outstanding 1135 requests
  - Payments to facilities for services provided in alternative settings
  - Reciprocity for licensure when services are provided by providers located outside NM
  - Federal reporting and oversight requirements

## MAD COVID-19 RESPONSE: FEDERAL WAIVERS

### Appendix K for Med Frag, Mi Via & DD Waiver

- Approved by CMS 3/27/20
  - Exceed service limitations (i.e. additional funds to purchase electronic devices for members, exceed provider limits in a controlled community residence and suspend prior authorization requirements for waiver services, which are related to or resulting from this emergency)
  - Expand service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms.)
  - Permit payment to family caregivers
  - Modify provider enrollment requirements (i.e. suspending fingerprinting and modifying training requirements)
  - Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely
  - Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically
  - Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval
  - Modifying incident reporting requirements
  - Retainer payments for personal care services
- Resubmitted Appendix K for HCBS on 4/9 with many of the waiver requests submitted as in the above

## MAD COVID-19 RESPONSE: STATE PLAN AMENDMENTS

State Plan Amendment (SPA)	Description
SPA 20-0004	Expands the list of qualified entities allowed to do Presumptive Eligibility
SPA 20-0005	Increases Federal Poverty Level (FPL) for both children and adults
SPA 20-0006	Advances two quarters of DSH payments
SPA 20-0007	Increases DRG rates for ICU inpatient hospital stays by 50% and all other inpatient hospital stays by 12.4%
SPA 20-0008	Established Category of Eligibility (COE) for the COVID Testing Group for the uninsured population
SPA 20-0009	Provides targeted UPL supplemental payments

## MAD COVID-19 RESPONSE: GUIDANCE

### **Medicaid Guidance**

- Letter of Direction #31 Guidance for Managed Care Organizations (MCOs)
- Supplement #1 Fingerprinting Guidance
- Supplement #2 Medicaid Coverage of COVID-19 Testing for All Uninsured
- Supplement #3 Guidance for New Mexico Medicaid Providers
- More guidance forthcoming:
  - Billing for Uninsured & EMSA Population
  - Waiving in-person signatures for prescription drugs and medical equipment
  - Expedited claims payment
  - Allowing services by out-of-network providers
  - Billing for Alternative Care Sites (ACS)

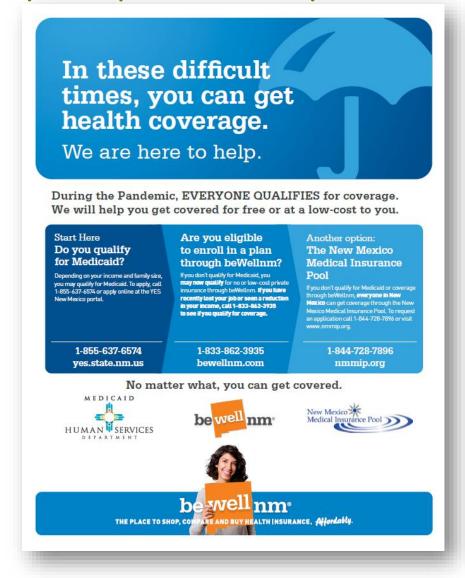
## MAD COVID-19 RESPONSE: PROVIDER ASSISTANCE

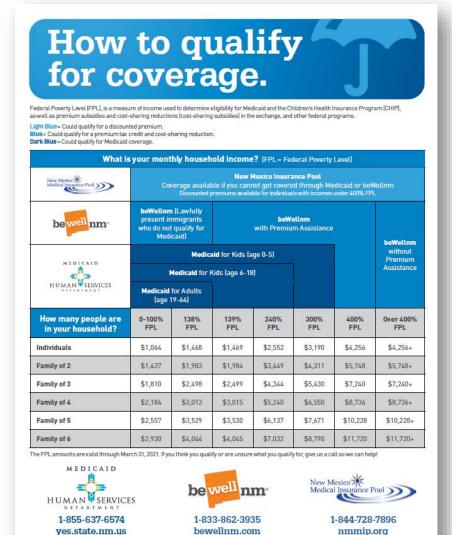
- Hospital Providers
  - 4/10/2020 Advanced \$37M to NM Hospitals through Disproportionate Share and Uncompensated Care Pool (previously Safety Net Care Pool) Funding
  - Awaiting CMS response to provide temporary rate increase targeted at Inpatient Services
- Non-Hospital Providers
  - Telehealth
  - Retainer payments
  - Exploring directed payment, pass through payment, and rate increase options
  - Non-Emergency Medical Transportation Fleet

## BHSD/MAD COVID-19 RESPONSE

- Expanding service delivery modalities
- Behavioral Health Specialty Service Guide
- Assistance with ESF-6 Housing and Shelters
- Providing Certified Peer Support Works
- \$2M Emergency Grant
- Harm Reduction for Alcohol Use Disordered patients
- Substance Use Disorder Treatment Public Service Announcement Campaign
- NM Crisis and Access Line (NMCAL) app

## MAD/OSI/BEWELL/NMMIP COVID-19 OUTREACH







## **GUIDANCE: ACCESS TO TESTING**

<u>u</u>
=○=
HUMAN F SERVICES
DEPARTMENT
MEDICAL ASSISTANCE DIVISION
If you do not have heal

MAD 800 Issued 04/22/2020

### APPLICATION FOR COVID-19 TESTING

If you do not have health insurance, you may be eligible to receive free testing for COVID-19 through the Medicaid program. List the names and information for yourself and anyone who lives with you who needs help paying for COVID-19 testing and testing-related services. Coverage will begin the month in which your application is received but you may also request coverage for the past three months if you received testing or testing-related services. If you do not have health insurance, you may be eligible for free or low-cost comprehensive health insurance by applying for Medicaid or the NM Health Insurance Exchange at www.yes.state.mm.us or by calling 1-855-637-6574.

Person Supplying Information eligibility determiner)	aation on Behalf of Applic	ants and/or Housel	nold Members Li	isted Belo	ow (can b	e the applican	t, a health care	provider, or pr	esumptive
First Name	Middle	Last			Organization Name, if applicable			_	
Applicant's Home Address			City			S	tate	Zip	_
Phone			Email						_
Applicant's Mailing Addres	ss (if different from above)								
Address			City			St	ate 2	Zip	_
List all uninsured members	ers in your household who	need help with CO	OVID-19 testing	or testing	-related	services			
Name (First, Middle, Last)	Date of Birth	SSN (required)	Have you received COVID-19 testing or testing-related services?	If yes, in month(s		Applicant is a US Citizen, US National or Qualified Non-Citizen? Y N	Applicant is a resident of New Mexico and intends to remain in New Mexico?	Does applicant have other health insurance? (ie private coverage or employer- sponsored) Y N	Is applicant enrolled in Medicaid o Medicare? Y N
			Y N N N N N N N N N N N N N N N N N N N			Y N N N N N N N N N N N N N N N N N N N	Y N N N N N N N N N N N N N N N N N N N	Y N N N N N N N N N N N N N N N N N N N	Y□ N[ Y□ N[ Y□ N[ Y□ N[
			Y N			Y N	Y N	Y N	Y N
*COVID-19 testing and testin for through this program.	g-related services that were rec	eived prior to March 18	3, 2020, may not be p		this applica	tion is true and co	testing that all info arrect to the best of kept secure and pr	your knowledge	

Signature of Person Supplying Info on Behalf of This Household:

HUMAN SERVICE	ė.	
	=0=	
DEFARTMENT		E

Name of Recipient of Emergency Medical Services

Name of Parent of Guardian (if applicable)

### EMERGENCY MEDICAL SERVICES FOR ALIENS REFERRAL FOR ELIGIBILITY DETERMINATION

Date of Birth

Address - Number & Street / Apt. #/ P	.O. Box / R.Rt.		
City	State		Zip Code
The person named above received en	nergency medical services from	our facility.	
Name of facility Providing Emergency	Date Services Provided From: Through:		
Address – Number & Street / P.O. Box	/ R. Rt.		
City	State		Zip Code
By:			
Person Making Referral	Title	Telephone Number	Date

IMPORTANT	INFORMATION FOR THE A	APPLICANT

If you fail to apply for EMSA, you will responsible for paying all bills for the medical services received. You must meet all the eligibility criteria and the services received must be certified as an emergency, so that the medical service you received will be paid under EMSA.

Please see page 2 for Notification of Rights.

#### INFORMACION IMPORTANTE PARA EL SOLICITANTE

Para solicitar Servicios Medicos de Emergencias para Extranjeros, (EMSA) favor de llevar este formulario a la Oficina de Asistencia Economica local del Condado en

, Nuevo Mexico tan pronto como sea possible. El numero de telefono de esa oficina es
. Si Ud. no solicita dichos servicios Medicos de Emergencias para Extranjeros, Ud. tendra la

Si Ud. no solicita dichos servicios Medicos de Emergencias para Extranjeros, Ud. tendra la obligacion de pagar todas las cuentas que le cobren por servicios medicos que Ud. recibe.

Ud. tendra que cumplir todo el criterio para tener derecho de recibir los servicios y para que EMSA pague los sericios que Ud. recibio deben estar certificados que son de emergencia.

Favor de leer el Aviso de derechos en la pagina 2.



## MAD COVID-19 RESOURCE

New Mexico Department of Health Coronavirus Update New Mexico Medicaid Coronavirus Update

### New Mexico Medicaid Portal

### **Providers**

#### HOME

### **PROVIDER**

Provider Login

∃ FAQ

E-News and Notices

Links

Contact Us

Coronavirus Update

Provider Search

Coronavirus Disease 2019 (COVID-19)

#### Coronavirus Disease 2019 (COVID-19) and NM Medicaid

NM Medicaid is working with its federal, state and local partners to ensure Medicaid services continue to be delivered without interruption during the COVID-19 (coronavirus) outbreak. Medicaid-related resources listed below will be updated as announced.

For more information about COVID-19, visit the cv.nmhealth webpage.

Submit Medicaid policy-related COVID-19 questions to MADInfo.HSD@state.nm.us

Instructional Videos
How to Apply for NM
Human Services
Department Benefits
On-line

Policy Flexibilities
Submitted Waivers

Special Medicaid

Guidance

Letters of Direction/
Supplements/
CMS

Telehealth
Codes and
Resources

Communication and Messaging Material

Instructional Videos

How to Apply for NM Human Services Department Benefits On-line

Instructional Videos

Introduction to YESNM On-line application

Create An Account on YESNM

Use a Computer to Upload Documents on YESNM

Use a Smartphone to Upload Documents on YESNM



## COVID-19 KEY RESOURCES

- Information from Governor Lujan Grisham: <a href="https://www.newmexico.gov/">https://www.newmexico.gov/</a>
- DOH Webpage: <a href="https://cv.nmhealth.org/">https://cv.nmhealth.org/</a>
- New Mexico Medicaid Guidance: https://nmmedicaid.portal.conduent.com/static/covid.htm
- CMS Guidance: <a href="https://www.cms.gov/About-CMS/Agency-">https://www.cms.gov/About-CMS/Agency-</a>
   Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

## QUESTIONS

Submit Medicaid policy-related COVID-19 questions to MADInfo.HSD@state.nm.us

## OTHER MAD ACTIVITIES

- Health Care Quality Surcharge \$37 million in new payments to NM Nursing Facilities by April 30
- ■1115 Demonstration Waiver Amendment seeking new flexibilities in Medicaid effective Jan 1, 2021
- Supports Waiver public hearing held March 13, 2020; go-live planned for July 1, 2020

## MEDICAID BUDGET PROJECTIONS

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## GUIDING MEDICAID PRINCIPLES

- •NM has the highest population percentage covered by Medicaid, which creates a greater NM HSD responsibility to our healthcare market and to fair payments.
- The overwhelming majority of federal CMS dollars must be spent on providing direct services to Medicaid beneficiaries.
- •HSD aims to optimally leverage federal funds to improve the health of New Mexicans, while maintaining strict compliance with the law.

## MEDICAID BUDGET PROJECTION

The Medicaid budget projection is produced quarterly by economists in the Budget Planning and Reporting Bureau at the Medical Assistance Division of the Human Services Department.

## MEDICAID BUDGET AGENDA

- I. Introduction
- II. Current Situation
- III. Enrollment
- IV. Changes from December 2019 Data Projection
- V. COVID-19 Response Options Under Evaluation

## SEISMIC RISKS TO THE BUDGET

- General Fund Revenue Declines from Oil and Gas
- Prolonged Health and Economic Crisis
- Financial Wellbeing of Providers
- Length of Duration of the FMAP Increase
- Continued Enrollment Changes

## HEALTH AND ECONOMIC CRISIS

Thus far, 74,000 people in New Mexico have been approved or recertified for unemployment benefits following COVID-19 (4-20-2020, Bill McCamley, Cabinet Secretary of Workforce Solutions Department, Albuquerque Journal.

"The estimate above does not include self employed."

In CY 2018, there were an estimated 90,000 individuals with employer-based coverage and income below 200% FPL (Kaiser Foundation)

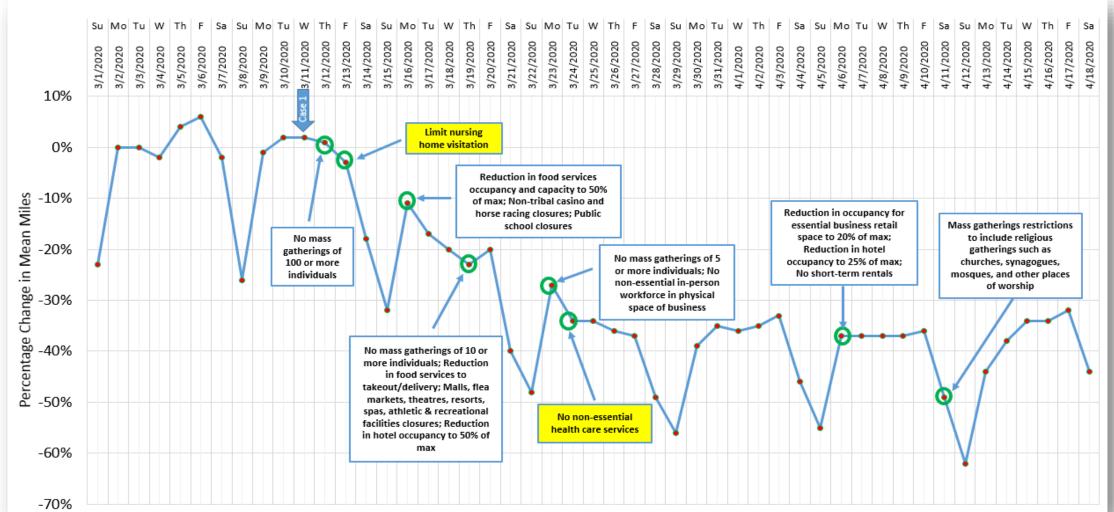
## NEW MEXICO UNEMPLOYMENT



## FINANCIAL WELLBEING OF PROVIDERS

- Public Health Orders affecting Providers:
  - 3/24/2020: Limit all non-essential healthcare services
    - "Elective surgeries" closed most freestanding surgical centers
    - Major hospitals cancelled many elective procedures (UNM>700)
    - GI labs closed
    - Outpatient providers change over to telemedicine visits (Medicaid reimbursement equal to face-to-face)
    - Some hospital outpatient departments closed
    - Lab and radiology volumes down ~ 50%

#### REDUCTION IN TRAVEL AND PUBLIC HEALTH ORDERS IN NM



#### LENGTH OF DURATION OF FMAP INCREASES

	FFY 2018	FFY 2019	FFY 2020	FFY 2020 6.2% increase	FFY 21
FMAP	72.16%	72.26%	72.71%	78.91%	73.46%
E-FMAP	80.51%	80.58%	80.90%	85.24%	81.42%
CHIP E-FMAP	100%	100%	92.40%	96.74%	81.42%

- Expansion FMAP steps down again on January 1, 2019, to 93% and on January 1, 2020 to 90%.
- CHIP Reauthorization
  - 100% expired in September 30, 2019.
  - Phase-out increased to states' E-FMAP by 11.5% through September 30, 2020.
  - E-FMAP reverts back on October 1, 2020.
- As a result of the Families First Coronavirus Response Act (FFCRA), FFY 20 receives a 6.2% FMAP increase for the months of January to June 2020. This will last until the end of quarter in which the public health emergency ends.
- COVID-19 testing and related services for uninsured are 100% FFP

#### MEDICAID FMAP AND 6.2% INCREASE

Federal Fiscal Year 20 FMAP with 6.2% Increase								
	Pre Crisis Federal and State FFP Policy Adjusted Federal and State FFP					and State FFP		
					State		Ratio of After:	
	Federal		Ratio	Federal Match	Match with	Ratio	Before FMAP	
	Match~%	${\it State Match~\%}$	(Federal: State)	with 6.2%	6.2%	(Federal: State)	Ratio	
Traditional (PH & LTSS)	72.71%	27.29%	2.66	78.91%	21.09%	3.74	1.4	
Chip EFMAP	92.40%	7.60%	12.16	96.74%	3.26%	29.67	2.44	
Other Adult Group								
(CY20)	90.00%	10.00%	9.00	90.00%	10.00%	9.00	1	
State FY Blended FFP	78.75%	21.25%	3.71	80.60%	19.40%	4.15	1.19	

## MEDICAID IMPACT OF 6.2% FMAP INCREASE FOR 2 QUARTERS

6.2% FMAP Impact by Progr	am (\$000s)
Fee for Service	13,949.2
Waivers	13,455.3
CC - Physical Health	49,301.1
CC - LTSS	37,967.9
CC - Behavioral Health	11,317.9
CC- Health Insurance Providers Fee	2,945.0
Medicare	3,943.4
Others	2,197.0
Total Medicaid	135,076.7
Department of Health	13,989.7

#### MEDICAID BUDGET UPDATE

• The current quarterly budget projection is updated with data through March 2020.

Budget Projection –			
Expenditures (\$000s)	FY2019	FY2020	FY2021
Fee-For-Service	716,943	769,396	769,461
DD & MF Traditional, and Mi Via			
Waivers	408,571	443,615	535,684
Centennial Care MCO	4,276,725	5,117,158	5,543,446
Medicare	188,286	200,909	214,694
Other	18,578	114,449	78,965
Total Projection	5,609,103	6,645,577	7,142,250
Prior Projection	5,615,474	6,456,291	6,890,805
Change from Prior	(6,371)	189,285	251,446



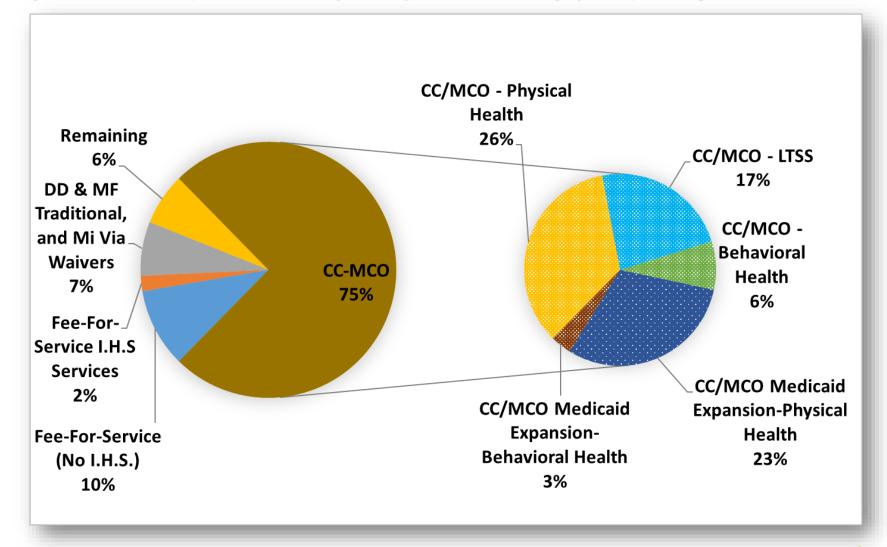
#### MEDICAID BUDGET UPDATE

- The estimated state revenue surplus in FY19 is \$10,086
- The estimated state revenue surplus in FY20 is \$62,700
- The projected state revenue shortfall in FY21 is \$54,259

<b>Budget Projection - Revenues</b>			
(\$000s)	FY2019	FY2020	FY2021
Federal Revenues	4,428,751	5,357,155	5,621,873
All State Revenues	1,175,180	1,283,716	1,511,765
Operating Transfers In	197,512	254,415	314,585
Other Revenues	54,129	72,305	66,377
General Fund Need	923,539	956,997	1,130,803
Appropriation	933,625	1,019,697	1,076,544
State Revenue Surplus/(Shortfall)	10,086	62,700	(54,259)
Change from Prior	1,169	87,251	17,673



#### FY2020 MEDICAID BUDGET PROJECTION





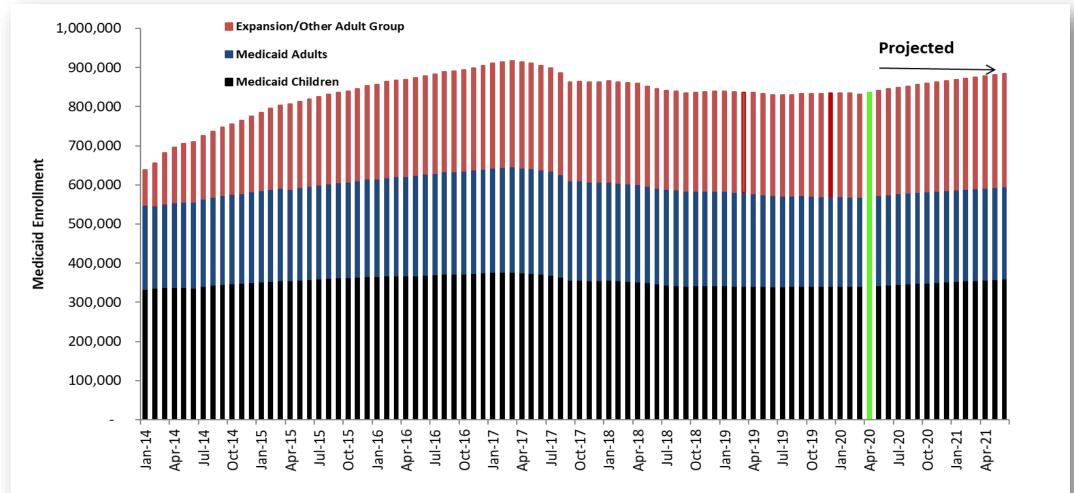
## ENROLLMENT PROJECTION

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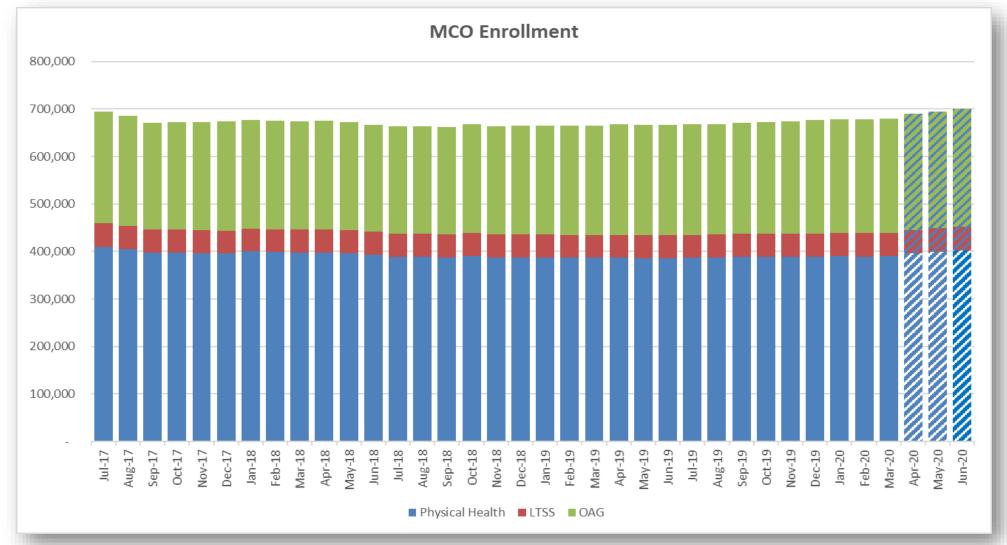
#### MEDICAID ENROLLMENT IN CONTEXT

- Over 830,000 total beneficiaries (clients, recipients) in March 2020
- Nearly 885,000 by June 2021
- Almost 82% are enrolled in managed care
- Covers roughly 40% of all New Mexicans
- About 43% of beneficiaries are children
- About 54% 59% of New Mexico children are enrolled in Medicaid
- About 72% of all births in New Mexico are covered by Medicaid

#### NEW MEXICO MEDICAID ENROLLMENT



#### NEW MEXICO MANAGED CARE ENROLLMENT





#### MEDICAID ENROLLMENT CHANGES

- Physical health is projected to grow by 4% annually (.5% in prior projection)
- LTSS population is projected to grow by 2% annually (1.5% in prior projection)
- Medicaid expansion population is projected to grow by 5% annually (2% in prior projection)
  - COVID-19, the worsening economic outlook and stimulus policy are influential factors in the current SFY 2020 and SFY 2021 enrollment and budget projections. The Medicaid/CHIP enrollment is estimated at 831,913 individuals in March 2020 and is projected to reach 845,619 by June 2020.
     Growth in Medicaid/CHIP enrollment over this time-period reflects the early effects of the Health Emergency and increased take-up from anticipated losses in employer-based health insurance.

# COVID-19 RESPONSE UNDER EVALUATION

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#### MAD COVID-19 RELATED POLICY CHANGES

Waiver Type	Policy Change	Reflected in the Budget Projection
Appendix K for HCBS	Retainer Payments for PCS services	NO
Appendix K	Increase assistive technology budget from \$250.00 to \$500.00	NO
for Mi Via, Med Frag &	Support waiver participants (personal care) in an acute care hospital or short tern institutional stay (DD waiver, Med Frag waiver, and Mi Via Waiver)	NO
DD Waiver	Increase rates for supported living, intensive medical living, family living (DD waiver)	YES
Disaster SPA	Delayed reconciliation of SBHC cost reports for FFY18	YES
	Payment for ICF/IID beyond the 65 reserve bed days	YES
	EMSA – to cover COVID-19 testing and treatment related services as "emergency services"	YES
	COVID-19 testing uninsured group for uninsured beginning 3/18	YES
	Cover premiums for current NMHIX members and uninsured adults 200% & children up to 400% on NMHIX	YES
	UC Pool payment advance	YES
	Advance payment of DSH for first 2 quarters of 2020	YES
	DRG ICU 50% rate increase	YES
	DRG inpatient stays 12.4% rate increase	YES
Managed	Increase non-emergency ground transportation rates	YES
Care	Advance payments to non-providers based on 2019 utilization	NO
	Other Providers Rate Increases	YES
	FY20 Enrollment increases due to COVID-19	YES
	FY21 Enrollment increases due to COVID-19	YES
	TOTAL COSTS	



#### NON-COVID-19 POLICY CHANGES

Waiver Type	Policy Change
1115 Waiver	Extending post-partum eligibility
	Adding SMI as qualifying diagnosis for treatment in IMD
	Expand supportive housing
	Expand home visiting
	Add services and care coordination for justice involved
	Expand GME providers/training
Supports Waiver	Additional waiver participants (5000 total for 3 years. 2,000 in year 1, 2,000 in year 2, 1,000 in year 3)
	New Services

#### COVID-19 MONTHLY COST ESTIMATES: PAYING PREMIUMS

						27.29%	-6.21%	21.08%
Populations	Pool	Take-up	Enroll	PMPM	Monthly Cost	GF*	GF change *	Net GF
1-month Adults 100-150% FPL	5,337	100%	5,337	\$50	\$266,850	\$72,823	-\$16,571	\$56,252
Adults 150-200% FPL	10,293	100%	10,293	\$97	\$998,421	\$272,469	-\$62,002	\$210,467
** Under 18 < 400% FPL	4,000	100%	4,000	\$286	\$1,142,000	\$311,652	-\$70,918	\$240,734
Subtotal HIZ	19,630		19,630		\$2,407,271	\$656,944	-\$149,492	\$507,453
Family Planning - Policy Adults 138-200% FPL	30,000	100%	30,000	\$97	\$2,910,000	\$794,139	-\$180,711	\$613,428
*** Uninsured (pre-recession) Adults 138-200% FPL	15,000	25%	3,750	\$74	\$275,625	\$75,218	-\$17,116	\$58,102
*** Additional Uninsured Adults 138-200% FPL	28,210	50%	14,105	\$74	\$1,036,718	\$282,920	-\$64,380	\$218,540
Uninsured Under 19 < 400% FPL	17,000	25%	4,250	\$286	\$1,213,375	\$331,130	-\$75,351	\$255,779
Subtotal Uninsured	90,210		52,105		\$5,435,718	\$1,483,407	-\$337,558	\$1,145,849
HIX + Uninsured	109,840		71,735		\$7,842,989	\$2,140,352	-\$487,050	\$1,653,302

<sup>\*</sup> Assumed FMAP of 72.71% and 6.21% change, the regular FMAP and the COVID-19 adjustment. Data provided by NM HIX for population pools and monthly ACA cap. 138-150% FPL is not available.

<sup>\*\*</sup> Under 18 are assumed to be covered by a Gold plan, and average monthly cap of \$286 (the average cost for 200-400% FPL).

<sup>\*\*\*</sup> PMPM of \$74 was applied (Average of \$50 and \$97).

### PUBLIC COMMENT

*Investing for tomorrow, delivering today.* 







#### **ADJOURNMENT**

INVESTING FOR TOMORROW, DELIVERING TODAY.