

Medicaid Advisory Committee-MAC meeting
Monday, January 28, 2019
MINUTES

Time: Start-9:01am End-10:00am Location: State Capitol Roundhouse – Room Number 303

Chair: Larry A. Martinez, Presbyterian Medical Services

Recorder: Alysia Beltran, Medical Assistance Division

Committee Members

Sylvia Barela, Santa Fe Recovery Center	Kim Jevertson, Public Member
Michael Batte, Public Member	Natalyn Begay, Ohkay Owingeh
Meggyn Lorino, NM Association for Home and Hospice Care	Jim Copeland, NM Department of Health
Carol Luna-Anderson, The Life Link/Behavioral Health Planning Council	
Ramona Dillard, Pueblo of Laguna	Richard Madden, NM Chapter of the American Academy of Family Physicians
Jeff Dye, NM Hospital Association	Rodney McNease, UNM Hospital
Mary Eden, Presbyterian Healthcare Services	Carolyn Montoya, UNM College of Nursing
Michael Hely, NM Legislative Council Service	Eileen Goode, NM Primary Care Association
Ruth Hoffman, Lutheran Advocacy Ministry NM	Laurence Shandler, Pediatrician
Gary Housepian, Disability Rights	Dale Tinker, NM Pharmacists Association
Mark Freeland, Navajo Nation	

Absent Members:

Mark Freeland, Navajo Nation	Sylvia Barela, Santa Fe Recovery Center
Mike Batte, Public Member	Jason Espinoza, NM Health Care Association
Michael, Hely, NMLFC	Kim Jevertson, Public Member
Carol Luna-Anderson, The Life Link	

Staff & Visitors Attending:

Nicole Comeaux, State Medicaid Director	Jason Sanchez, HSD/MAD Deputy Director	Kari Armijo, HSD Deputy Director
David R. Scrase, HSD Secretary	Angela Medrano, HSD Deputy Secretary	Jennifer Vigil, HSD
Linda Gonzales, HSD/MAD Deputy Director	Megan Pfeffer, HSD/ MAD Acting Deputy Director	
Joie Glenn, NM Association for Home & Hospice Care		Mark Kolman, DOH/DDSD
Christopher Cameron, WSCC	Angelica Bruhnke, Versatile MED Analytics	Patty Kohoe, Wisdom Gate Consultant
Brenna Gaytan, BCBSNM	Caley deNevers, UNM College of Nursing	Cris Valladares, Celgene
Wayne Lindstrom, HSD/ BHSD	Ellen Pinnes, The Disability Coalition	Mika Tari, HSD/ BHSD
Brianna Roper-Willis, WSCC	Jaclyn Herrera, HSD	Ruby Ann Esquibel, LFC
Michael Parks, Senior Citizens Law Office	Carolyn Griego, WSCC	Karen Wiley, NMDVR
David Roddy, NM Primary Care Assoc	Jodey Harris, UNM Hospital	Michael Spanier, Hyde & Assoc
Jane Wishner, Office of the Gov	Jenny Felmy, LFC	Liz Lacouture, PHP
Denise Mazon, TriCore Reference Labs	Renee Ennis, TriCore Reference Labs	William Townley, NM Center on Law & Poverty
Abuko Estrada, NM Center on Law & Poverty	Patsy Nelson, NM Alliance for SBHC	Colin Baillio, Health Action NM

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
I. Introductions	Larry Martinez convened the meeting and led the introductions. Larry introduced appointed members, staff and guests as they arrived during the meeting.	None	Larry Martinez, MAC Chairperson	Completed
II. Approval of Agenda	The agenda for this meeting was approved by all committee members in attendance, with no recommended changes.	None	Larry Martinez, MAC Chairperson	Completed
III. Approval of Minutes	The minutes from the November 5, 2018 meeting held at Garrey Curruthers State Library were approved by the committee with no corrections.	Finalized minutes will be posted on the HSD website.	HSD/MAD Director's office	Completed
IV. Director's Update	<p>Nicole Comeaux presented on MCO Centennial Care 2.0:</p> <p>Transition Update: The transition has gone well and Human Services Department (HSD) is continuing to work closely with and monitor high risk members and is working very closely with the Managed Care Organization (MCOs). HSD has daily calls and is requesting weekly status reports from all carriers. HSD has amended the 2.0 contract and has reissued the policy manual effective January 1, 2019. Both have been posted to the HSD website.</p> <p>CC 2.0 1115 Waiver Update: 1115 waiver was approved in December. HSD and CMS are still finalizing the Special Terms, and Conditions (STCs). The Governor's Office is reconsidering some of the provisions within the waiver related to retroactive coverage, premiums, and copays.</p> <p>Medicaid Buy-in: HSD continues to work with the Governor's Office and is anticipating the introduction of legislation soon. Based off the Manatt Buy-In report, there has been a lot of discussion about what options we want to employ here in New Mexico. HSD is exploring other options that are still under discussion. HSD will be doing everything we can to identify those remaining New Mexicans that can qualify for Medicaid who are not yet enrolled. HSD estimates this number to be potentially 30,000. <i>[HSD is clarifying that approximately 35,000 New Mexicans 19 to 64 years of age and under 100% of the Federal Poverty Level (FPL) would potentially qualify for traditional Medicaid; approximately 50,000 New Mexican adults 19 to 64 years of age and</i></p>	Needs update	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	

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	<p><i>under 138% of the FPL would potentially qualify for the Medicaid Expansion. The approximations referenced are subsets of New Mexico's total uninsured population.]</i></p> <p>Questions from MAC Members:</p> <p>Jeff Dye asked whether the department has a plan to increase enrollment. Nicole Comeaux responded that Real time eligibility is scheduled to be completed this year. She also stated that there is an opportunity for HSD to convene a wide variety of stakeholders to come up with ideas. One note of importance is that rather than doing broad outreach and enrollment efforts, HSD wants to use data to target the population that is left uninsured and do more strategic outreach and enrollment efforts.</p> <p>Gary Housepian asked if the CC 2.0 waiver includes maintaining coverage for kids with Early & Periodic Screening, Diagnostic & Treatment (EPSDT) until the age of 21. The department responded that there have been no changes, and that EPSDT continues to apply to children thru the age of 20.</p>			
<p>V. Medicaid Budget Projections</p>	<p>Jason Sanchez presented the Medicaid Budget Projection:</p> <p>Enrollment Projection- The overall Medicaid population peaked in early 2017. The decline since then reflects HSD's compliance with federal and state requirements to re-determine eligibility at least every 12 months based on modified adjusted gross income (MAGI). Since early 2018 the projection reflects improving economic conditions, higher incomes, as well as higher employment. The enrollment is estimated at 840,309 individuals in December 2018 and are projected to drop slightly to 837,198 in June 2019 and then remain relatively flat to reach 838,803 in June 2020. Conversely, the managed care members continue to grow slowly. This observed difference between the total Medicaid and managed care enrollment is due to eligibility changes for family planning. The full benefit population for December 2018 is estimated at 480,848 individuals for December 2018. This population is currently projected to grow to 484,053 by June 2019, and to 491,738 by June 2020. The Medicaid expansion population is estimated at 255,316 individuals in December 2018 and is projected to grow to 258,168 by June 2019, and to 260,727 by June 2020. The Family Planning population is projected to drop to 63,518 individuals by June 2019 and to 54,244 individuals by June 2020. These decreases are due to a policy change that limits family planning eligibility to those individuals 50 years of age and under. Monthly growth rates are projected at an annualized rate of 0.5 percent in the Physical Health (PH)</p>	<p>None</p>	<p>Jason Sanchez, Deputy Director, Medical Assistance Division, Human Services Department</p>	<p>Completed</p>

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	<p>population (1 percent in prior projection) and 1 percent in the Medicaid Expansion or Other Adults Group (OAG) population in FY19 and FY20. Annual growth rates in the Long-Term Services and Supports (LTSS) population are projected at 2 percent in FY19 and FY20. The OAG and LTSS growth assumption is unchanged from the prior projection. The Medicaid and CHIP populations enrolled in managed care organizations in December 2018 is estimated at 668,482 individuals a decrease of 4,445 from prior projections. The majority of this decrease can be seen in the Physical Health population. The current projection for June 2019 is 669,272 individuals, while the projection for June 2020 is now 674,536.</p> <p>Fiscal Year (FY) 18 Expenditures: Inpatient Hospital - The estimate is revised down by \$3.0 million compared to the previous projection. Inpatient costs are decreasing due to lower utilization. Others - The estimate is revised down by \$2.2 million compared to the previous projection. Most of this change was due to additional Health Management System (HMS) recoveries. Developmentally Disabled (DD) & Medically Fragile (MF) Traditional, and Mi Via Waivers - The estimate is revised down by \$0.2 million compared to the previous projection. Most of the savings comes from the DD Mi Via waiver. Centennial Care - Physical Health - The estimate decreases by \$8.2 million compared to the previous projection due to other adjustments. The change in member months decrease the estimate by \$0.5 million, while the higher per member, per month (PMPM) increases it by \$1.0 million, and other adjustments decrease the estimate by \$8.7 million. Centennial Care – LTSS - The estimate decreases by \$1.1 million compared to the previous projection. The lower member months reduce the estimate by \$0.2 million, while the lower PMPM reduces it by \$0.9 million. Centennial Care Medicaid Expansion – Physical Health -The estimate decreases by \$1.5 million compared to the previous projection. The lower member months reduce the estimate by \$1.5 million.</p> <p>FY18 Revenues: Department of Health (DOH) additional Need/(Surplus) - The estimated additional state funds in need of \$2.0 million has been pushed forward into FY19. The shortfall from FY17 accounts for \$0.95 million. General Fund Need - The General Fund need is \$908.8 million, a decrease of \$3.7 million from the last projection. State Revenue Surplus/ (Shortfall) - The estimated revenue surplus is \$6.9 million, an increase of \$3.8 million from the last projection. HSD has reverted \$2.3 million which leaves a surplus of \$4.6 million.</p> <p>FY 19 Expenditures: Inpatient Hospital - The estimate is revised down by \$1.8 million compared to last projection. Inpatient claims declined in the first 6 months due to lower utilization. Other Practition-</p>			

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	<p>ers - The estimate is revised up by \$1.3 million compared to last projection. The number of people using services and utilization has increased. Most of this is due to an increase in early intervention services. DD & MF Traditional, and Mi Via Waivers - The estimate is revised down by \$0.2 million compared to the previous projection. There is a \$0.2 million saving from the MF waiver and a \$0.4 million increase in the DD waiver. The push forward to FY 19 is \$7.0 million which is a decrease of \$0.4 million from the last projection. Centennial Care - Physical Health - The estimate increases by \$17.0 million compared to the previous projection. The estimate declines by \$14.7 million due to lower projected member months and increases by \$22.4 million due to higher PMPM based on recent rates for 2019, while it increases by \$9.5 million from other adjustments. Centennial Care – LTSS - The estimate decreases by \$8.9 million compared to the previous projection. The estimate declines by \$7.3 million due to lower projected member months and \$1.6 million due to lower PMPM based on recent rates for 2019. Centennial Care Medicaid Expansion – Physical Health - The estimate decreases by \$15.6 million compared to the previous projection. The estimate declines by \$1.8 million due to lower projected member months, and \$28.3 million due to lower PMPM based on recent rates for 2019, while it increases by \$14.5 million from other adjustments. Medicare Part B - The estimate decreases by \$6.7 million compared to the previous projection. This is due to a reconciliation going back to 1998 that created a \$6.9 million credit. Centennial Care 2.0 Initiatives - The estimate decreases by \$20.4 million compared to the previous projection, due to a July 2019 implementation and the rate changes included in the managed care lines.</p> <p>FY19 Revenues: Department of Health Appropriation - The Department of Health FY19 appropriation is \$111.1 million. This includes \$1.47 million from DDSF FY18 fund balance which will be barred in FY19. Department of Health Allocation Need / (Surplus) - The Department of Health received an appropriation of \$2.0 million for new allocations. DOH is projected to have a surplus of \$1.1 million from this appropriation. Department of Health Additional Need / (Surplus) - Including the \$2.0 million push-forward from FY18, the shortfall for DOH is \$3.9 million. When combined with the \$1.1 million surplus the total shortfall is \$2.8 million. UNM IGT - The UNM IGT increased by \$3.9 million. UNM submitted their analysis of the directed payment. Safety Net Care Pool (SNCP) - The SNCP revenues were updated based on a revision of the most recent gross receipts tax data in FY18 from TRD, a decrease of \$0.1 million from the last projection. Drug Rebates - The revenues were updated based on the most recent FY19 collection, a decrease of \$2.2 million from the last projection. General Fund Need - The General Fund need is \$933.4 million, a de-</p>			

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	<p>crease of \$8.3 million from the last projection. State Revenue Surplus / (Shortfall) - The revenue surplus is \$0.2 million, an increase of \$8.3 million from the last projection.</p> <p>FY20 Expenditures: Inpatient Hospital - The estimate is revised down by \$1.8 million compared to last projection. Inpatient claims decreased in the first 6 months of FY19 due to lower utilization. Other Practitioners - The estimate is revised up by \$3.2 million compared to last projection. The number of people accessing services and utilization has increased. Most of this is due to an increase in early intervention services. Developmentally Disabled and Medically Fragile Traditional, and Mi Via Waivers (DOH) - The estimate is revised up by \$1.1 million compared to last projection. Most of the increase comes from including a new service and a rate increase to the MF waiver services. Centennial Care - Physical Health - The estimate increases by \$37.0 million compared to the previous projection. The estimate declines by \$30.5 million due to lower projected member months and increases by \$43.4 million due to higher PMPM based on recent rates for 2019, while it increases by \$25.0 million from other adjustments. Centennial Care – LTSS - The estimate decreases by \$10.3 million compared to the previous projection. The estimate decreases by \$11.7 million due to lower projected member months and increases \$1.5 million due to higher PMPM based on recent rates for 2019. Centennial Care - Behavioral Health - The estimate decreases by \$1.8 million compared to the previous projection. The estimate declines by \$6.9 million due to lower projected member months and increases \$5.2 million due to higher PMPM based on recent rates for 2019. Centennial Care Medicaid Expansion – Physical Health - The estimate decreases by \$39.2 million compared to the previous projection. The estimate declines by \$2.5 million due to lower projected member months and another \$51.4 million due to lower PMPM based on recent rates for 2019, while it increases by \$14.5 million from other adjustments. Centennial Care Medicaid Expansion – Behavioral Health - The estimate increases by \$1.9 million compared to the previous projection. The estimate declines by \$0.3 million due to lower projected member months and increases \$2.1 million due to higher PMPM based on recent rates for 2019. Centennial Care 2.0 Initiatives - The estimate decreases by \$7.3 million compared to the previous projection. Support for Uninsured - The estimate increases by \$4.0 million compared to the previous projection.</p> <p>FY20 Revenues: Department of Health Allocation Need / (Surplus) - The Department of Health is projected to need \$4.0 million above their FY20 appropriation request of \$109.6 million. County Support Medicaid Fund (CSMF) - The CSMF revenues were updated based on the final gross receipts tax data in FY18, an increase</p>			

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	<p>of \$0.3 million from the previous projection. Tobacco Settlement Revenue - The tobacco settlement revenue decreased \$0.9 million from the previous projection based on new information from Department of Finance and Administration (DFA). UNM IGT - The UNM IGT increased by \$7.8 million. UNM submitted their analysis of the directed payment. Drug Rebates - The revenues decreased \$0.7 million from the previous projection based on the most recent FY18 collection. General Fund Need - The General Fund need is \$990,845 thousand, a decrease of \$6.2 million from the previous projection. State Revenue Surplus / (Shortfall) - The revenue shortfall is \$61.2 million when compared to the FY19 appropriation, or a decrease of \$9.9 million from the budget request.</p> <p>MAC Member Questions:</p> <p>Jane Wishner: Are there reports on pending contracts with providers on the status particularly at the beginning of 2.0 and new contracts? Mary Eden responded: MCO's do submit contracting status that the MCO's have throughout re-contracting efforts for 2.0, as MCO's make progress or to expand with a network.</p> <p>Dale Tinker: Requesting Dashboards</p>			
VI. Adjournment	Before the meeting adjourned Larry Martinez asked if anyone in attendance had any questions. There were no questions presented by the audience. The meeting adjourned at 9:27pm. Date for the next regular meeting was not announced.	See HSD website for upcoming meeting date(s)	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted:

Alysia Beltran

Recorder

January 28, 2019

Date