



HUMAN
SERVICES
DEPARTMENT



NEW MEXICO MEDICAID ADVISORY COMMITTEE (MAC) MEETING
DECEMBER 16, 2019

MEDICAL ASSISTANCE DIVISION

MAC AGENDA

- April 2019 Minutes
- MAC Membership
- Tentative Annual Meeting Calendar for 2020
- Medicaid Budget Projections
- MAD Director Update
- Public Comment
- Adjournment

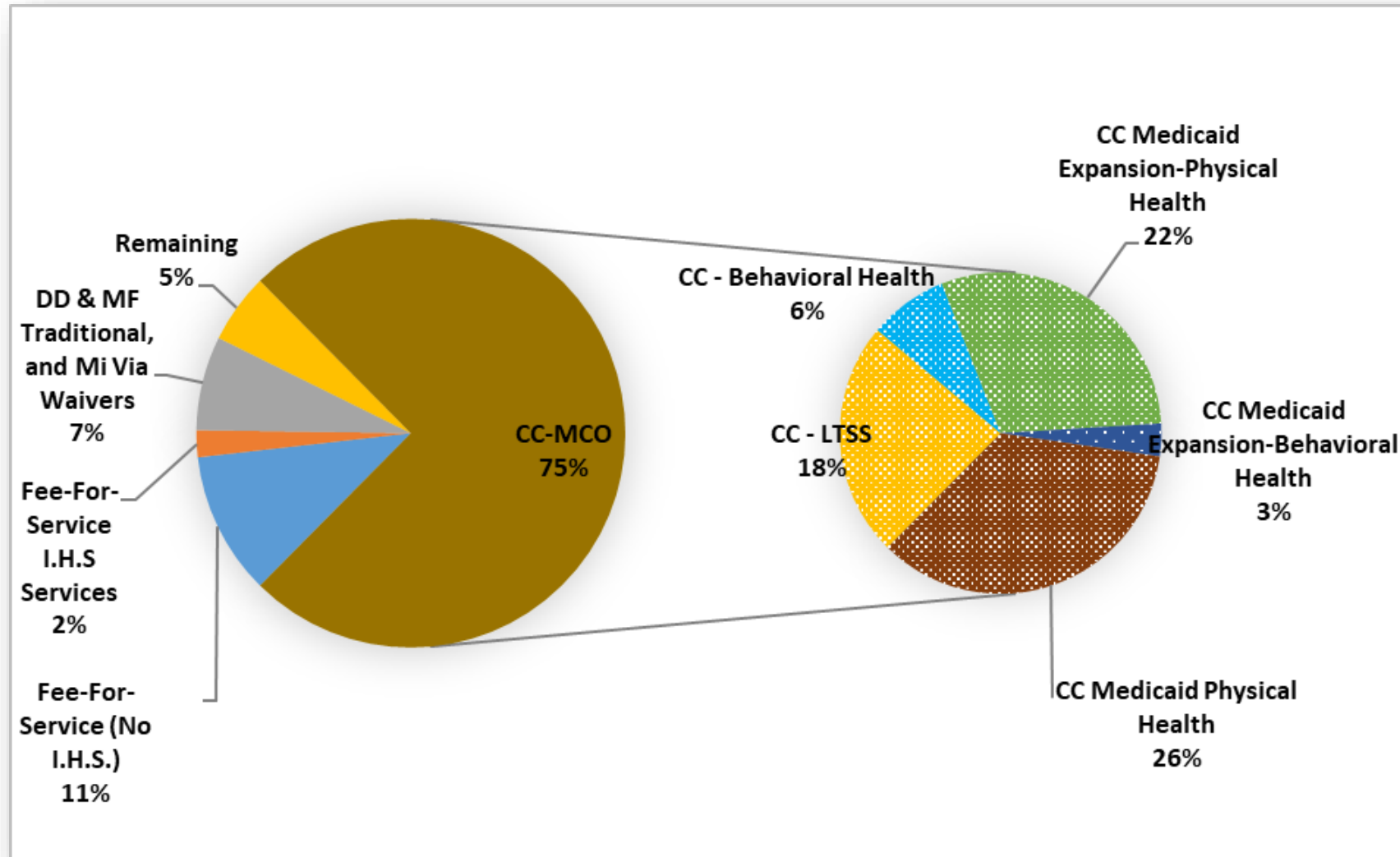
MEDICAID ADVISORY COMMITTEE (MAC) TENTATIVE ANNUAL MEETING CALENDAR FOR 2020

- January 27, 2020
- April 20, 2020
- July 20, 2020
- October 19, 2020

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.

FY2020 MEDICAID BUDGET PROJECTION



MAD FY 21 PROGRAM REQUEST

Medicaid Program Budget*

\$1,100,900.0 Total Request, \$81,211.0 GF increase

- FY21 Medicaid program budget projected at \$6.5B.
- Projected enrollment: 850,000
- Medicaid infuses \$6.5B+ annually into state economy.
- 2014 Medicaid expansion added \$6B in new federal funding and 10,000+ jobs.

STATE OF NEW MEXICO
HUMAN SERVICES DEPARTMENT
Medical Assistance Division
FY 2021 Budget Request Updated with September 2019 Data Projection

FY 2021 vs. FY 2020 Budget Projection Component and FFP Changes (in 000s)					
Description	Total Computable	General Fund ¹			FFP Blend
		Growth	FFP Change	Total	
<i>Expenditure Change</i>					
Health Insurance Providers Fee (9/2019) ⁵	\$100,000	\$0	\$0	\$20,287	79.71%
Other changes to FY20 & FY21 since budget request ⁵	(\$54,225)	\$22,103	(\$6,523)	(\$4,706)	
Centennial Care 2.0 Initiative	\$0	\$0	\$0	\$0	
Coverage Initiatives	\$500	\$500	\$0	\$500	0.00%
Hospital & Provider Rate Increases	\$79,851	\$16,518	\$331	\$16,850	78.90%
SB246 Health Care Quality Surcharge ²	\$59,309	\$15,381	\$0	\$15,381	74.07%
Centennial Care - Managed Care Enrollment	\$39,905	\$6,308	\$4,471	\$10,779	72.99%
Centennial Care - Managed Care Rates	\$122,877	\$19,423	\$13,767	\$33,190	72.99%
Medicare Part A, B, and D	\$12,597	\$5,872	(\$667)	\$5,205	58.68%
Fee-for-service lines, HIT, UR, Contracts	\$11,980	\$1,621	\$788	\$2,409	79.89%
DD & MF Traditional, Mi Via and Supports Waivers (DOH)	³ \$136,234	\$37,770	(\$3,303)	\$34,467	74.70%
Total Changes in Expenditures	\$509,029	\$125,497	\$8,865	\$134,362	73.60%
<i>Revenue Change ⁴</i>					
DD & MF Traditional, Mi Via and Supports Waivers (DOH)	³			\$34,467	
Early Childhood Education Childcare Dept. for FIT				\$3,990	
Health Care and Disability Health Care Facility Funds	²			\$16,581	
MSBS CPE				\$5,521	
I.H.S referrals 100% FFP				\$2,099	
FY20 State Revenue Surplus / (Shortfall)				(\$6,725)	
Other changes to FY20 & FY21 since budget request ⁵				(\$2,781)	
Total Changes in Revenues				\$53,151	
Total Changes from FY20 projection (GF Expenditures - Revenues)				\$81,211	
Total Changes from FY20 projection from Budget Request				\$62,848	
Difference From Budget Request				\$18,362	

*See fact sheet packet pages 1-2

HEALTH INSURANCE PROVIDER FEES

- Affordable Care Act imposed an annual fee on insurers to fund state and federal marketplaces/exchanges.
- Annual fees based on premiums and an insurer's market share.
- Congress has flexibility to suspend fees if it believes fees would increase premiums and out-of-pocket consumer costs.
- Fee likely reinstated for 2020.

Sources: <https://center-forward.org/health-insurance-providers-fee-the-health-insurance-tax-hit/>; <https://www.cigna.com/assets/docs/about-cigna/informed-on-reform/health-insurance-industry-fact-sheet.pdf>

Health Insurance Provider Fees		
<u>Calendar Year</u>	<u>US</u>	<u>NM</u>
2014	\$8,000,000,000	\$29,486,000
2015	\$11,300,000,000	\$84,298,000
2016	\$11,300,000,000	\$93,383,000
2017	*	*
2018	\$14,300,000,000	\$80,084,000
2019	*	*
2020	\$15,522,820,037	\$95,000,000**

*Suspended

**Estimate

MEDICAL ASSISTANCE DIVISION (MAD) FY 21 ADMINISTRATION REQUEST

\$94,400.0 Total Request;

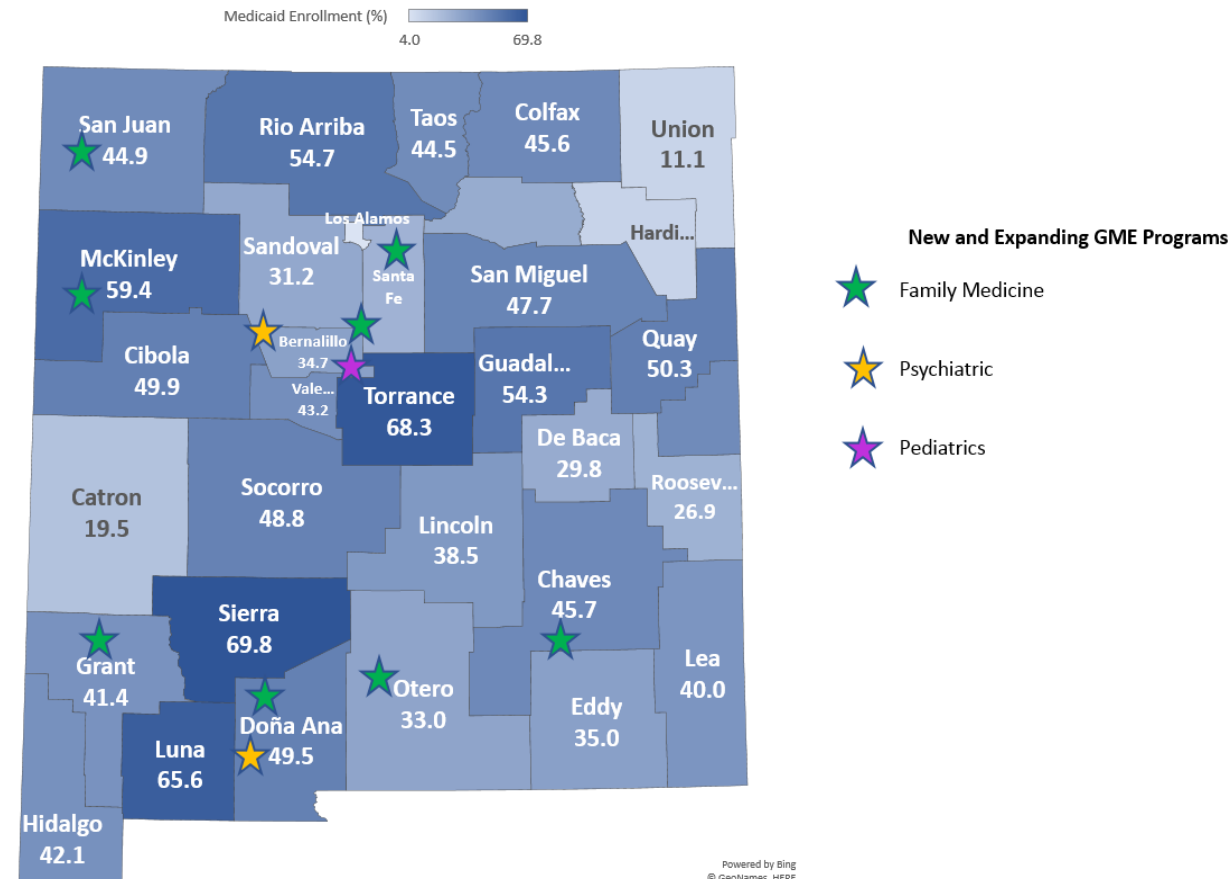
\$16,700.0 GF, \$941.2 GF increase

- \$250.0 GF: Augment actuarial services to assist in expanding provider capacity.
- \$308.7 GF: Medicaid Management Information System (MMIS) projected increases for transition services.
- \$382.5 GF: Fund currently vacant FTE for new initiatives including health coverage innovations, community supports, provider network expansion, and graduate medical education expansion ([HB 480](#)).

Additional Medicaid IT Request

\$4,104.1 GF: MMIS-Replacement, 90% federal match = \$36,146.3 federal funds.

Medicaid Enrollment as a Percentage of Population by County
as of October 2019



FEDERAL OUTLOOK (FY21 BUDGET ISSUES)

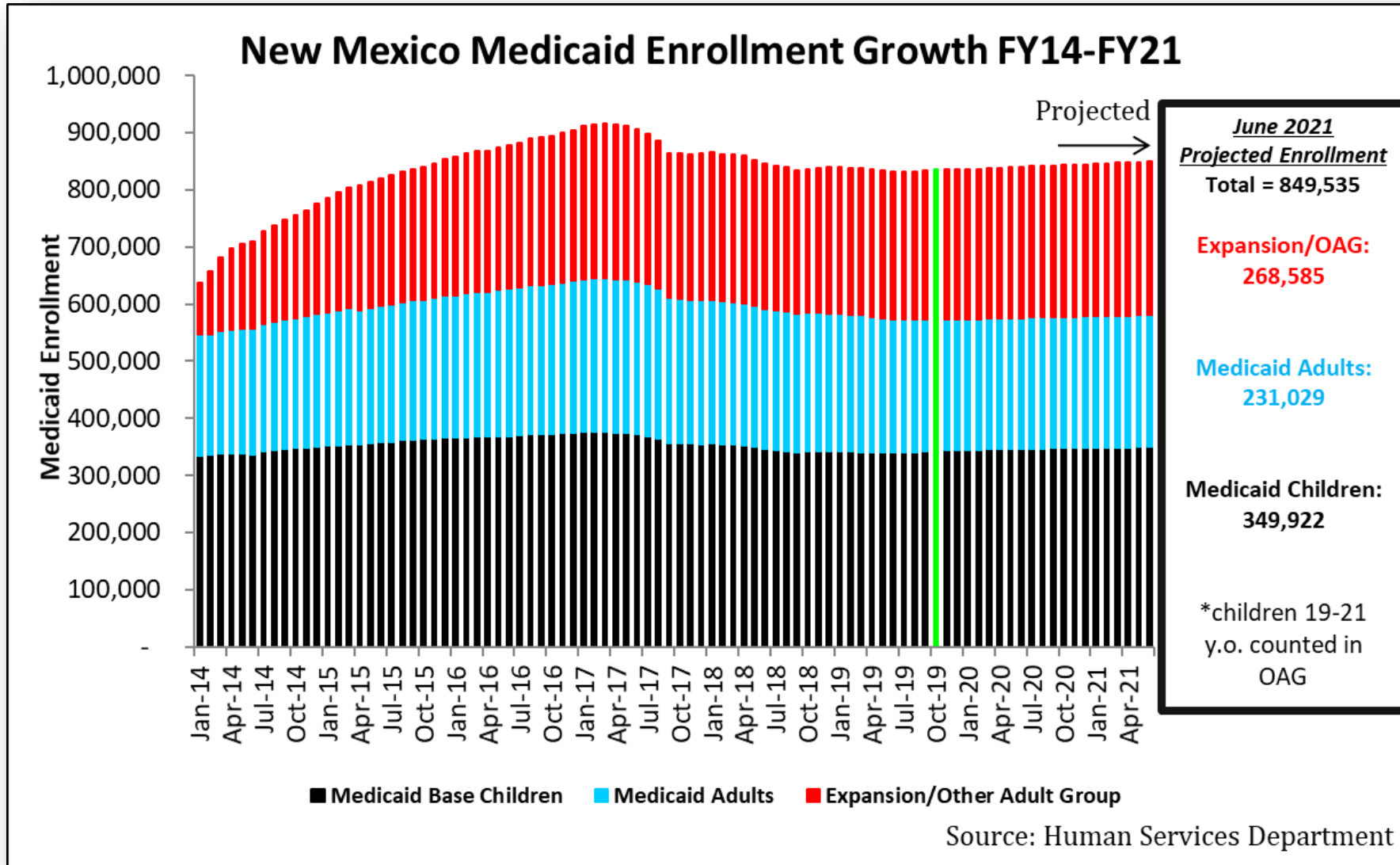
	FFY 2018	FFY 2019	FFY 2020	FFY 2021
FMAP	72.16%	72.26%	72.71%	73.46%
E-FMAP	80.51%	80.58%	80.90%	81.42%
CHIP E-FMAP	100%	100%	92.40%	81.42%

- Expansion Federal Medical Assistance Percentage (FMAP) steps down again on January 1, 2019, to 93% and on January 1, 2020 to 90%.
- Regular FMAP rates increased slightly for NM.
- CHIP Reauthorization
 - 100% expires 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.
- Re-imposition of the Federal Health Insurance Provider Fee

MEDICAID ENROLLMENT IN CONTEXT

- Nearly 840,000 total beneficiaries (clients, recipients)
- Covers roughly 40% of all New Mexicans
- Covers roughly 70% of all births
- Almost 80% are enrolled in managed care
- About 43% of beneficiaries are children
- About 54% - 59% of New Mexico children are enrolled in Medicaid

NEW MEXICO MEDICAID ENROLLMENT



MEDICAID ENROLLMENT CHANGES

- Physical health is projected to grow by 0.5% annually
- LTSS population is projected to grow by 1.5% annually (2.0% in prior projection)
- Medicaid expansion population is projected to grow by 2.0% annually (1.4% in prior projection)

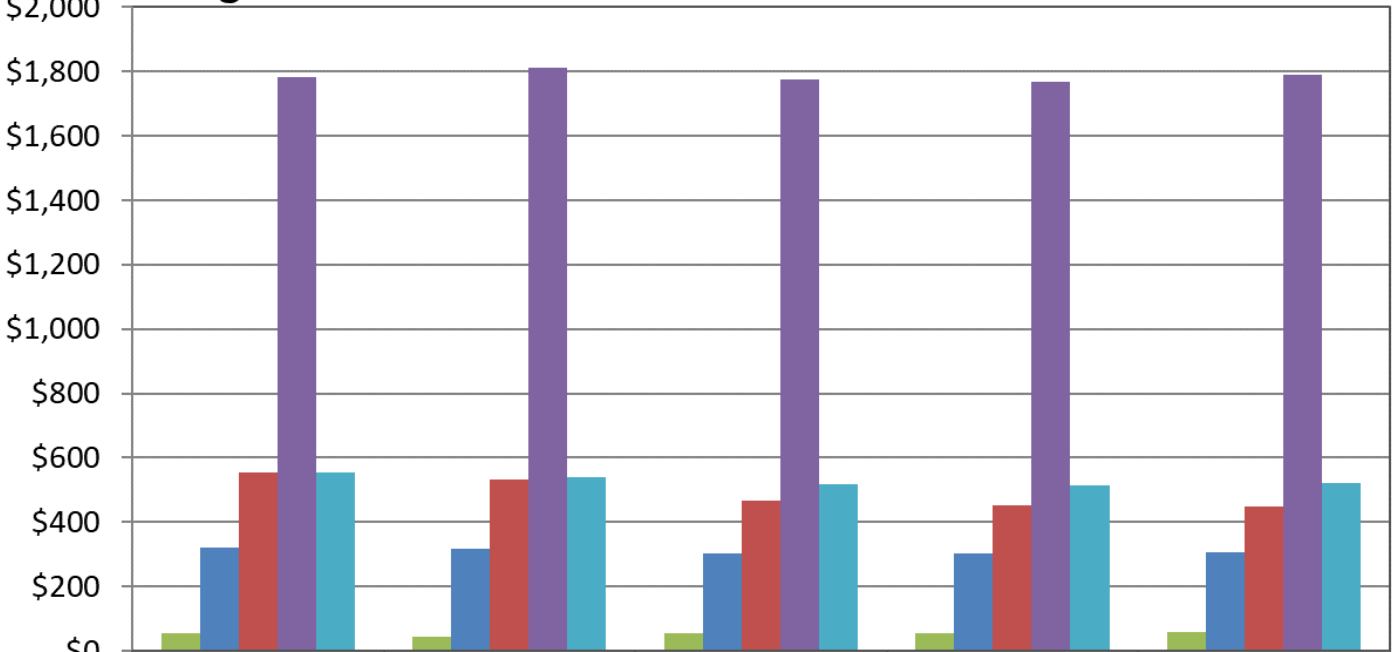
NEW MEXICO MEDICAID ENROLLMENT

CC PROGRAM	Number of Cohorts	Number of Eligibility Categories (COEs)	Avg. Q1 2019 members
Physical Health	12	27	386,257
LTSS	9	29	47,779
Behavioral Health	5	27	434,037
OAG – Physical Health	12	1	232,715
OAG – Behavioral Health	1	1	232,715

- 90.71% of Full Benefit under Managed Care
- Monitor 65-year-olds aging-out of OAG and moving into PH or LTSS
- Monitor 19-year-olds aging out of PH and moving into Expansion

NEW MEXICO MEDICAID PMPM

Average Per Member Per Month Costs in Centennial Care



	FY2015	FY2016	FY2017	FY2018	FY2019
Behavioral Health	\$55	\$43	\$54	\$54	\$58
Physical Health	\$322	\$317	\$301	\$304	\$307
Expansion	\$553	\$532	\$468	\$453	\$447
LTSS	\$1,784	\$1,812	\$1,776	\$1,767	\$1,789
CC - MCO	\$553	\$538	\$517	\$514	\$521

*FY2019 includes YTD PMPM, not projected annual PMPM.

DIRECTOR'S UPDATE OVERVIEW

- Mission & Goals
- Guiding Principles
- Dashboards
- CMS Related Activity
 - Waiver Updates
 - State Plan Amendment Updates
 - Corrective Action Plan Update
 - Medicaid Fiscal Accountability Rule
- Programmatic Updates
 - Provider Rate Increases
 - Behavioral Health Initiatives
 - Coverage & Affordability Initiatives
 - Indian Managed Care Entity (IMCE)
 - Medicaid Management information technology replacement (MMIS-R) and business transformation council

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS



We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

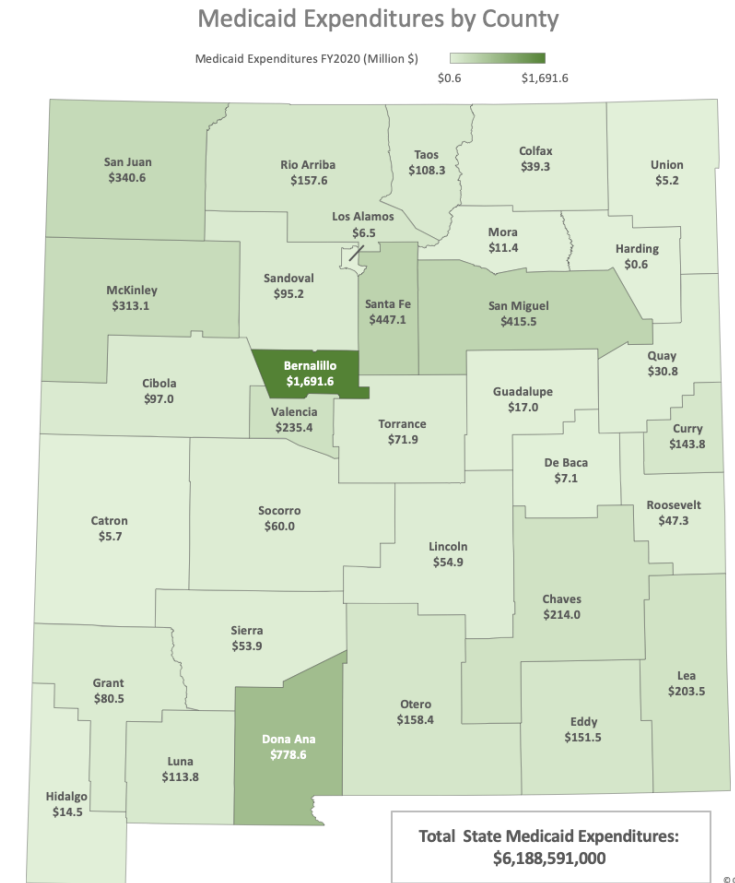


We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

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 maximally leverage federal funds to improve the health of New Mexicans, while maintaining strict compliance with the law.



Source: NM Human Services Department Medical Assistance Division Estimates. Total State Medicaid Expenditure estimate includes expenditures from unknown counties not shown in map.

CENTENNIAL CARE 2.0 1115 WAIVER DEMONSTRATION AMENDMENT UPDATE

- HSD submitted its 1115 Demonstration Amendment application to CMS on 6/27/19
- CMS conducted its 30-day public comment period through August 2019
- Draft Standard Terms and Conditions (STCs) were received on December 3, 2019
- Waiver negotiations are underway and will continue through January 2020

1915 (C) WAIVER UPDATES

- Mi Via Waiver
 - Waiver expires October 30, 2020; submission of waiver renewal application is scheduled for January 2020 for effective date of October 1, 2020. Renewal Includes:
 - Updates to abuse, neglect and exploitation (ANE) training
 - Updates to Employer of Record (EOR) requirements
 - Updates to developmental disabilities (DD) eligibility definition from “related conditions” list to a functional definition of DD

1915 (C) WAIVER UPDATES

- Developmental Disability Waiver
 - Waiver expires June 30, 2021; submission of waiver renewal application is scheduled for October 1, 2020 for effective date of July 1, 2021
 - Waiver amendment scheduled for submission on April 1, 2020 for an effective date of July 1, 2020
 - Rate increases as per DOH rate study completed July 2019; pending legislative appropriation
 - Updates to developmental disabilities (DD) eligibility definition from “related conditions” list to a functional definition of DD

1915 (C) WAIVER UPDATES

- Medically Fragile
 - Waiver application expires June 30, 2021; submission of waiver renewal application is scheduled for September 1, 2020 for effective date of July 1, 2021
 - Completed Waiver amendment effective July 1, 2019
 - Increased rates to provide critical funding support needed to sustain the current waiver system
 - Rates for nursing RN, nursing LPN, occupational therapy, physical therapy, speech language pathology, and case management services were increased
 - Added environmental modifications
 - Updated unduplicated recipients (UDR)

SUPPORTS WAIVER UPDATE

- Phase I:
 - Family Supports & Reimbursement Program (FY 20)
 - Waitlist analysis
 - Centennial Care Outreach and Education Plan
- Phase II:
 - Supports Waiver Implementation (7/1/20)
- Phase III:
 - Reform of waiver system
 - Goal of eliminating the waitlist entirely over six years.

STATE PLAN AMENDMENT (SPA) UPDATE

*Total Number of SPAs submitted for 2019 = 14

SPAs approved for CY19 = 9

- 19-0001 – Former Foster Care (6/27/19)
- 19-0002 – Substance Use Disorder (SUD) (10/22/19)
- 19-0003 – SUD/Alternative Benefit Program (ABP) (11/4/19)
- 19-0004 – Fee Schedule Changes (6/27/19)
- 19-0005 – BH Fee Schedule Changes (6/27/19)
- 19-0006 – Autism Intervention Services (AIS) Fee Schedule Changes (6/27/19)
- 19-0008 – Family Infant Toddler (FIT) Increases (8/16/19)
- 19-0009 – Census Wages Exclusion (10/18/19)
- 19-0007 – Durable Medical Equipment (12/12/19)

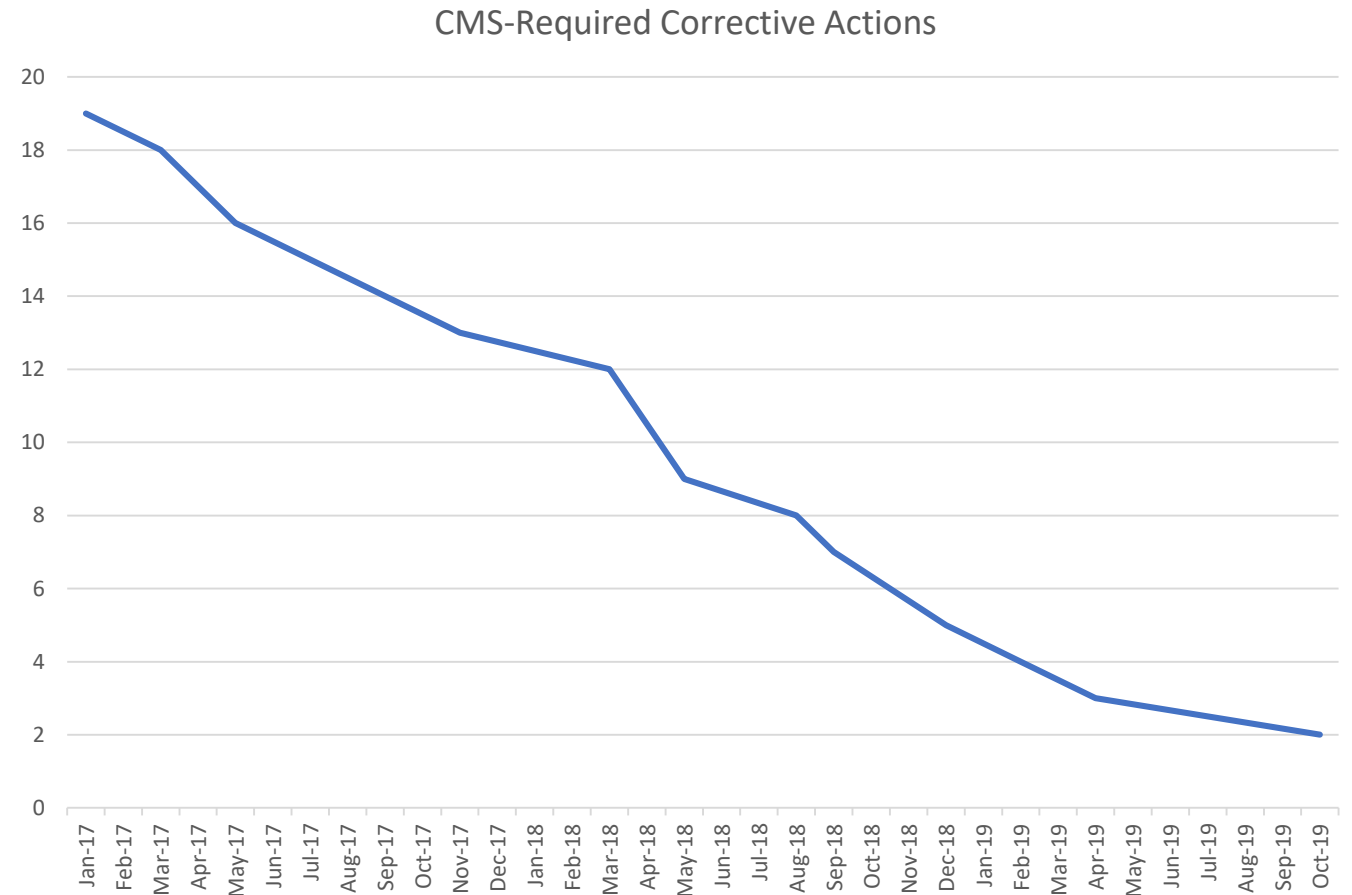
SPAs pending CMS approval for CY19 = 5

- 19-0010 – Single State Agency
- 19-0011 – Dental Reimbursement
- 19-0012 – Fee Schedule Pricing
- 19-0013 – Outpatient Hospital Reimbursement
- 19-0014 – Inpatient Hospital reimbursement

*Current as of 12/13/19

CMS CORRECTIVE ACTION PLAN (CAP) UPDATE

- The original CAP from January 2017 included 19 unique findings.
- To date, all have been resolved except 2 items:
 - Submission of a revised State Plan Amendment for the streamlined application.
 - Ex-parte renewals for non-MAGI categories.



MEDICAID FISCAL ACCOUNTABILITY RULE

- CMS issued the proposed Medicaid Fiscal Accountability Rule on 11/12/19.
- CMS addresses the following areas in the proposed rule:
 - Payments to fee-for-services providers;
 - Disproportionate Share Payments;
 - Medicaid program financing ;
 - Provider taxes and donations; and
 - Data reporting by States.
- The proposed rule is published in the Federal Register and public comment will be accepted through 01/17/2020.

PROVIDER RATE INCREASES

FY21 Medicaid Provider Rate Increases*

\$55,000.0 Total Request, \$44,000.0 Federal Funds, \$11,000.0 GF increase

- Medicaid represents a substantial portion of income for providers.
- Rate increases build upon FY20 investments.
- Raising reimbursement opens up provider networks, attracts providers from other states, and reduces pressures on other payors.
- Nursing Facility Surcharge Tax
 - Approved in CMS waiver: takes effect 4/1/20 (retroactive to 7/1/19)
 - \$31.7M GF Supplemental Appropriation

PROVIDER RATE INCREASES

FY20 Provider Network Investments (000s)		
Description	GF	Total
Effective 7/1/19		
<ul style="list-style-type: none"> Increases for primary care, hospitals, dentists, personal care service providers, community pharmacies, and long-term services and supports Reimbursement for new services. 	\$47,400.0	\$228,700.0
Effective 10/1/19		
<ul style="list-style-type: none"> Rate increases for BH providers, FQHCs, and nonprofit community hospitals. Reimbursement for new services. 	\$16,200.0	\$78,500.0
Effective 1/1/20		
<ul style="list-style-type: none"> Increase in payment rates for the Long-Acting Reversible Contraception (LARC) Increases in payment rates to certain hospitals through managed care directed payments Safety-Net care pool hospital payment transition Minimum wage adjustment for personal care services Transportation for justice-involved members 	\$9,000.0	\$40,000.0
Effective 4/1/20 (retroactive to 7/1/19)		
NF Quality Surcharge (projected)	\$31,700.0	\$107,919.4
Total FY20 Provider Network Investments	\$104,300.0	\$455,100.0

PROVIDER RATE INCREASES PART 1A

July 1, 2019

- \$37.4 M: E&M codes
- \$11.9 M: LTSS providers
- \$4.6 M: dental services
- \$2.1 M: community-based pharmacies
- \$2.0 M: topical fluoride varnish
- \$800,000: TCM and CCM codes
- \$650,000: PACE
- \$320,000: assisted living facilities
- \$230,000: supportive housing services

PROVIDER RATE INCREASES PART 1B

October 1, 2019

- Outpatient BH codes \$58.6M
- FQHCs: \$4.4M
- ~\$15M NFP Hospitals
- Project ECHO provider presentations: \$0.9 M

Other legislation that also helps providers:

- Hospitals - resulted in \$53M NET payment increase
- Nursing Homes - will result in a \$32M NET payment increase

PROVIDER RATE INCREASES PART 1C

January 1, 2020

- Safety Net Care Pool
- Investor-Owned/Municipal Hospitals
- NFP Tribal Hospitals
- LARC
- PACE expansion
- Nursing Facility VBP program
- Behavior Management Services (BMS) enhanced rate

BEHAVIORAL HEALTH UPDATE

- New BHSD Director – Neal Bowen
- New services:
 - 7/1/19 – Supportive Housing
 - 1/1/20 – Transportation for individuals transitioning out of prison/jail to obtain prescriptions
 - Timeframe TBD – 1115 Waiver amendment to add IMD services for SMI/SED
 - Workplan in development
- New rates:
 - Outpatient BH rate increase 7/1/19
 - Adult Accredited Residential Treatment Center rates in completion – three providers
 - Development of rates for Crisis Triage Centers serving patients 24+ hours
- New focus on performance measurement for CY 20
 - Delivery System Improvement Performance: Increase number of BH visits to members receiving BH services
 - Adding BH performance measures to MCO contract

COVERAGE AND AFFORDABILITY INITIATIVE TIMELINE

2019

2020

2021

2022

Innovation

- ❖ Hired Coverage Innovation Officer
- ❖ **Identify Characteristics of the Uninsured in New Mexico**
- ❖ Research Coverage Affordability Initiatives from Other States
- ❖ Develop Targeted Outreach and Enrollment Plan for Medicaid-eligible but Unenrolled
- ❖ Support beWellNM Efforts During Open Enrollment

Policy Development & Outreach

- ❖ **Determine Viable Coverage and Affordability Initiatives**
- ❖ Stakeholder Engagement in Development of Healthcare Coverage and Affordability Plan
- ❖ Draft Health Coverage and Affordability Plan and Budget; Begin Preliminary Administrative Activities
- ❖ Targeted Outreach and Enrollment for Medicaid-eligible but Unenrolled; Continue Coordination with beWellNM
- ❖ IT system Integration with beWellNM

Administrative Setup

- ❖ **Introduce Health Coverage and Affordability Plan During 2021 Legislative Session**
- ❖ With Legislative Support, Continue Administrative Setup, IT Changes, Etc.
- ❖ beWellNM Goes Live as State-based Marketplace
- ❖ Continue Targeted Outreach and Enrollment; Coordination with beWellNM

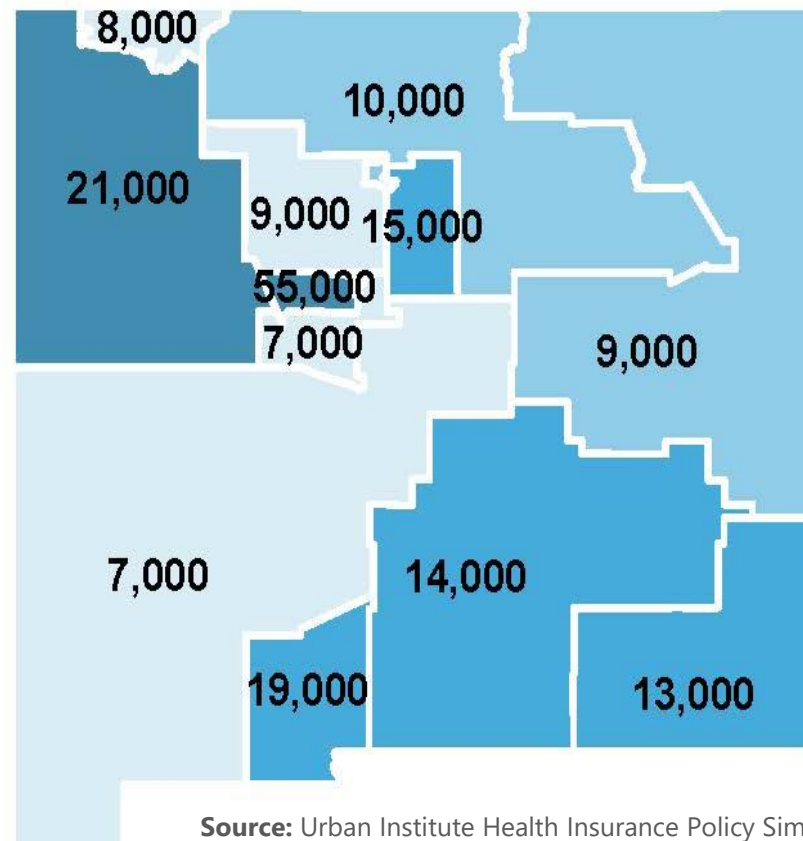
Implementation

- ❖ **Coverage Initiative(s) Go-Live on January 1, 2022**
- ❖ Work with Legislature to Ensure Budget Available for Continued Implementation for FY 23 and Beyond
- ❖ Continue Coordinated Outreach and Enrollment Efforts with beWellNM

COVERAGE AND AFFORDABILITY INITIATIVES

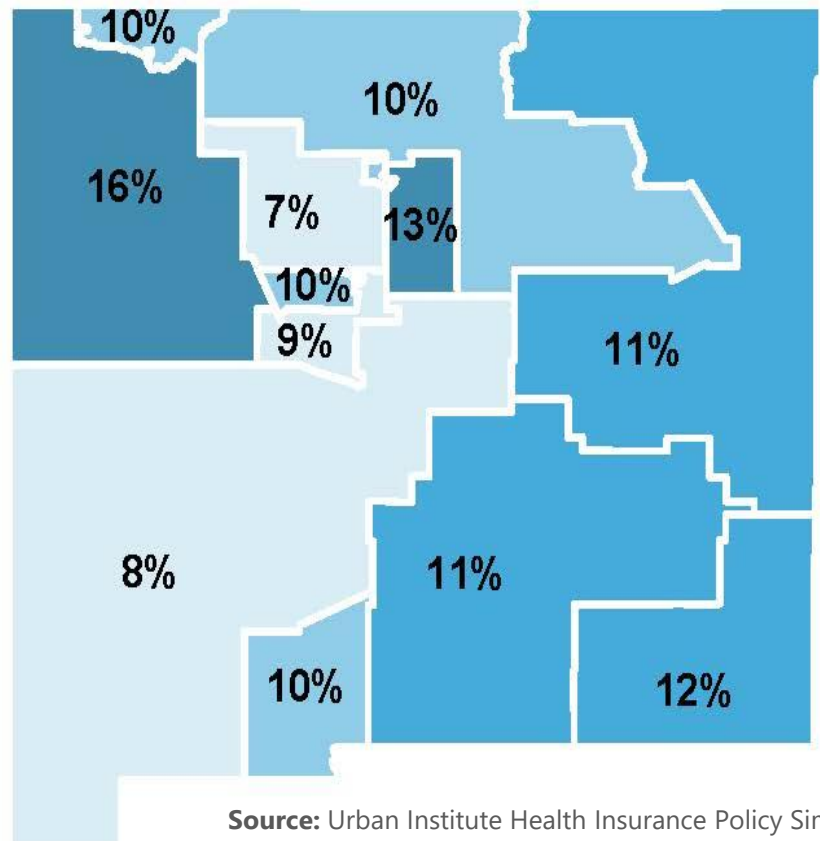
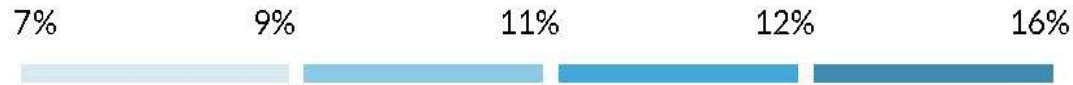
- In final stages of completing uninsured demographic study with the Urban Institute (Report should be finished and made public by end of November)
 - Snapshot of Urban Institute Findings:
 - **187,000 uninsured New Mexicans under age 65**
 - **56,000 are eligible but unenrolled in Medicaid**
 - **43,000 are eligible for subsidies on the Exchange but not enrolled**
 - **88,000 who are uninsured and:**
 - **above ACA subsidy threshold (over 400% FPL);**
 - **ineligible for subsidies because of an offer of employer-sponsored insurance; or**
 - **non-citizens**

URBAN INSTITUTE ESTIMATES THAT THERE ARE 187,000 UNINSURED NEW MEXICANS (UNDER AGE 65)



Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

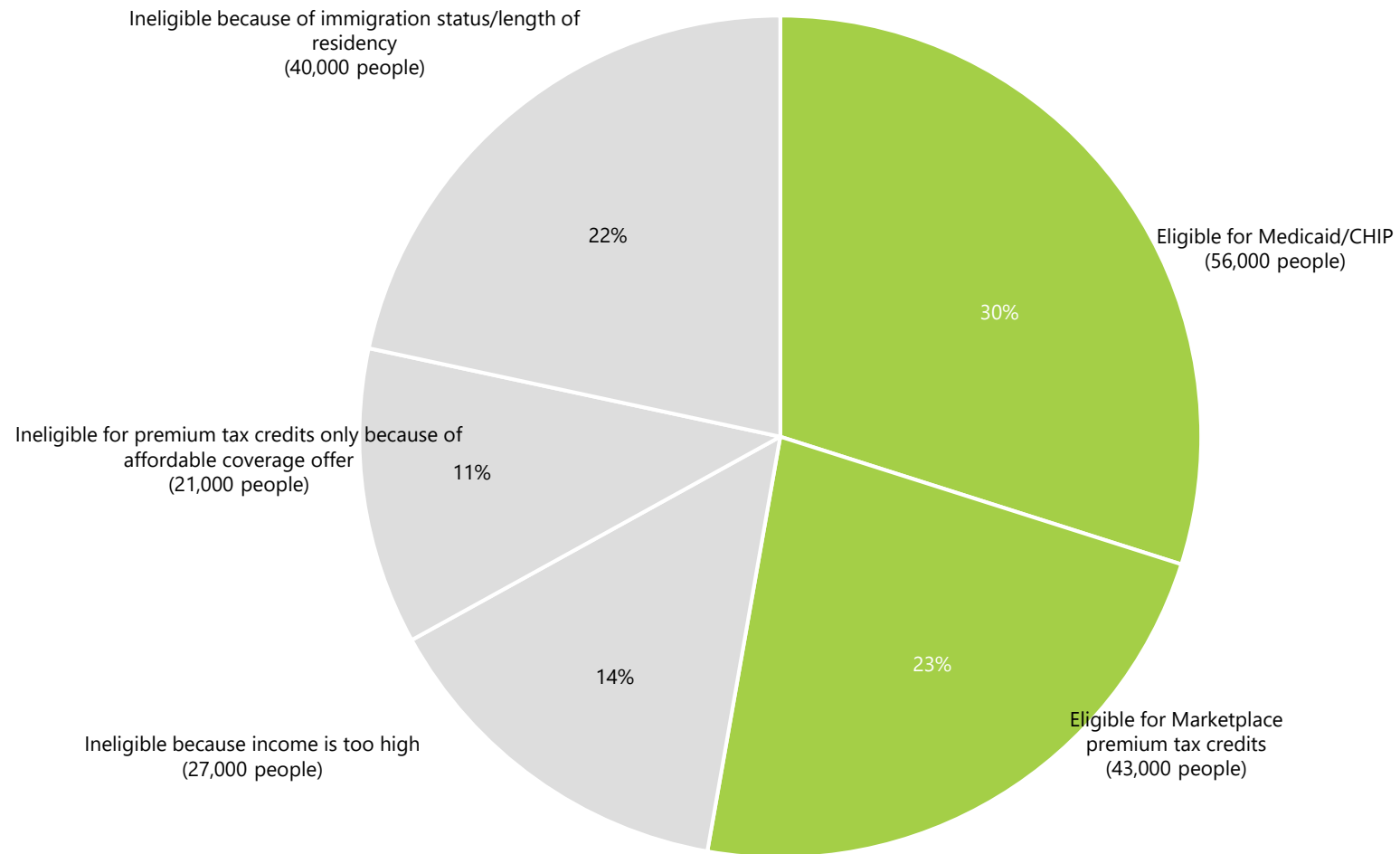
10.5 PERCENT OF NON-ELDERLY (UNDER AGE 65) NEW MEXICANS ARE UNINSURED (8.7% OF ALL NEW MEXICANS), VERSUS 11.2 PERCENT NATIONWIDE.*



*NM has been able to keep the uninsured rate below the national average primarily due to Medicaid Expansion

Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

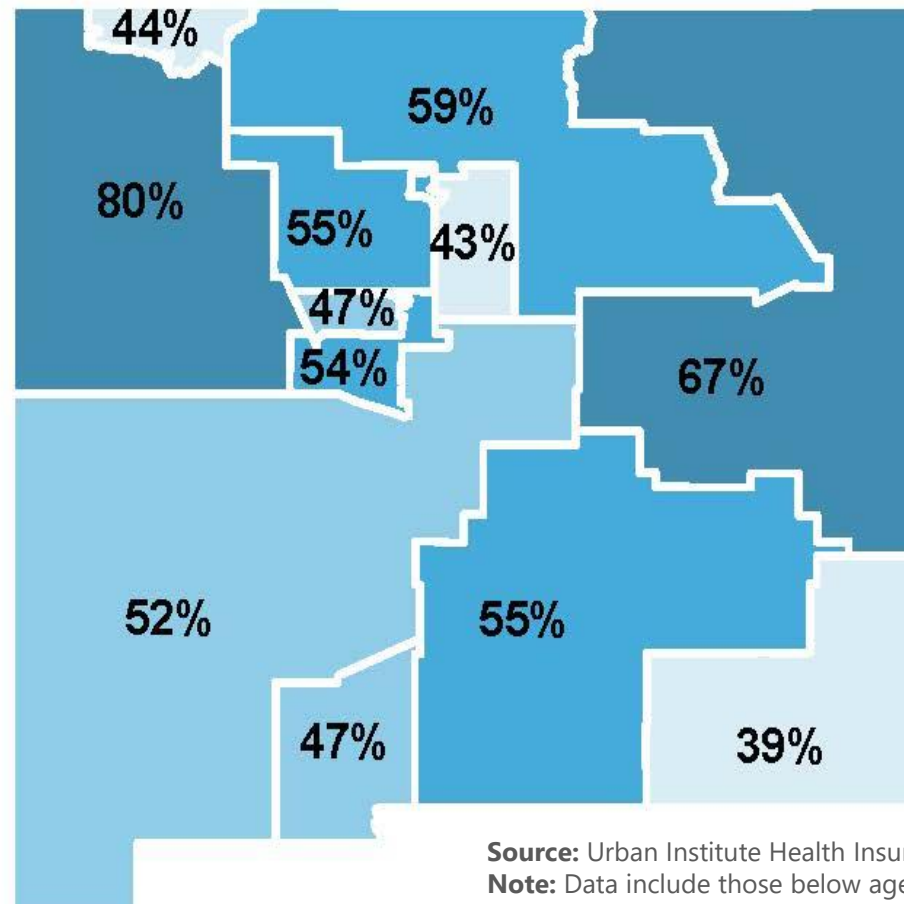
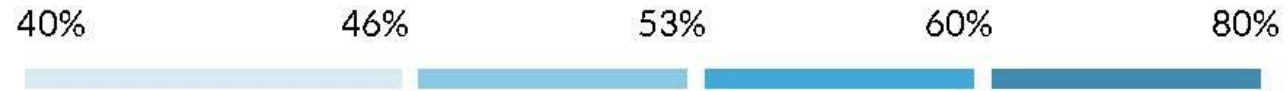
MORE THAN HALF OF THE UNINSURED (53%) ARE ELIGIBLE FOR MEDICAID OR TAX CREDITS IN THE MARKETPLACE



Source: Urban Institute Health Insurance Policy Simulation Model.

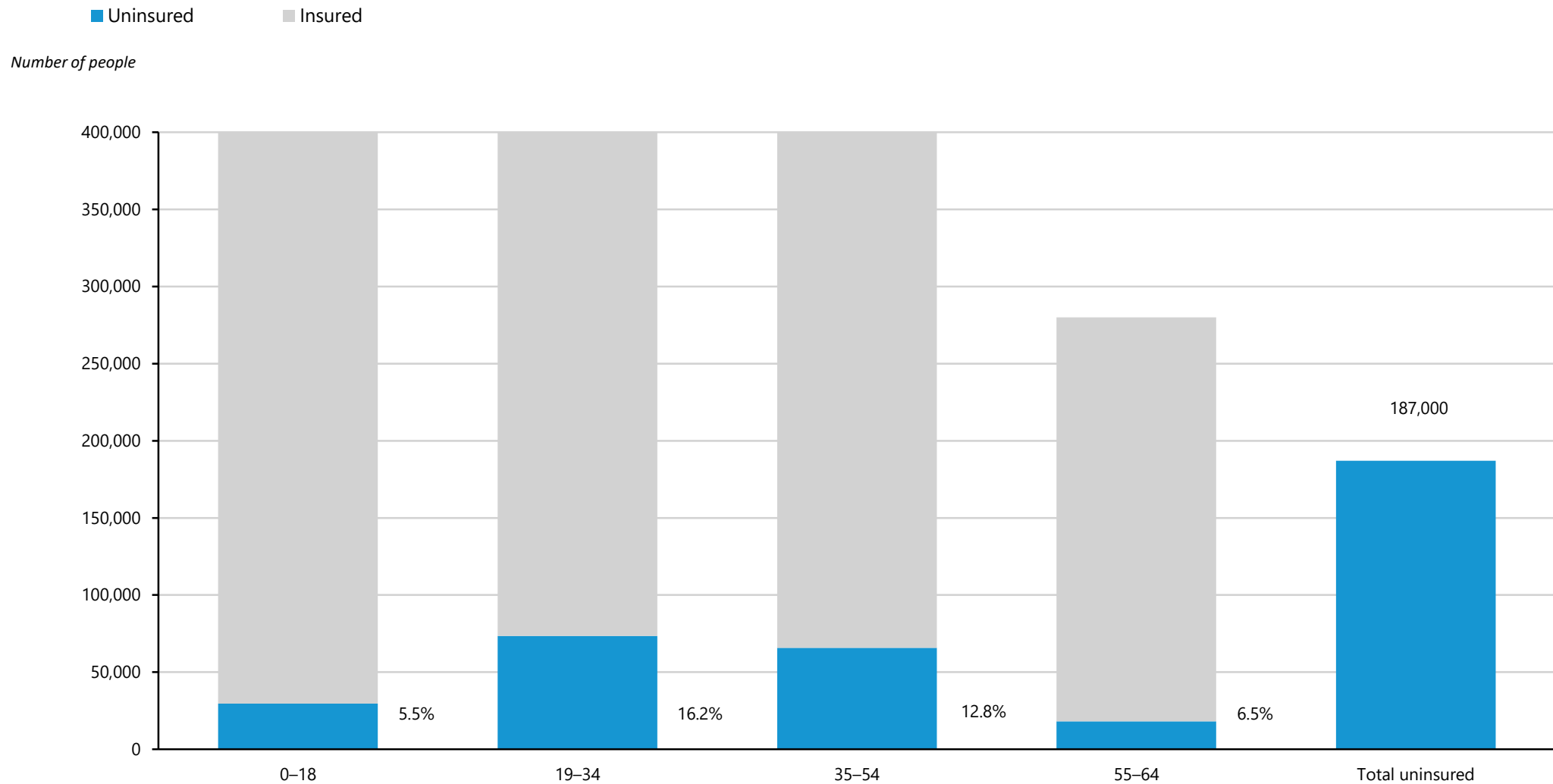
Notes: CHIP = Children's Health Insurance Program. Data include those below age 65 not enrolled in Medicare.

THE SHARE OF UNINSURED (UNDER AGE 65) WHO ARE ELIGIBLE FOR MEDICAID OR MARKETPLACE SUBSIDIES VARIES BY REGION



Source: Urban Institute Health Insurance Policy Simulation Model.
Note: Data include those below age 65 not enrolled in Medicare.

MOST OF THE UNINSURED (UNDER AGE 65) ARE ADULTS AGES 19 TO 54, AND THEY HAVE THE HIGHEST UNINSURED RATES.

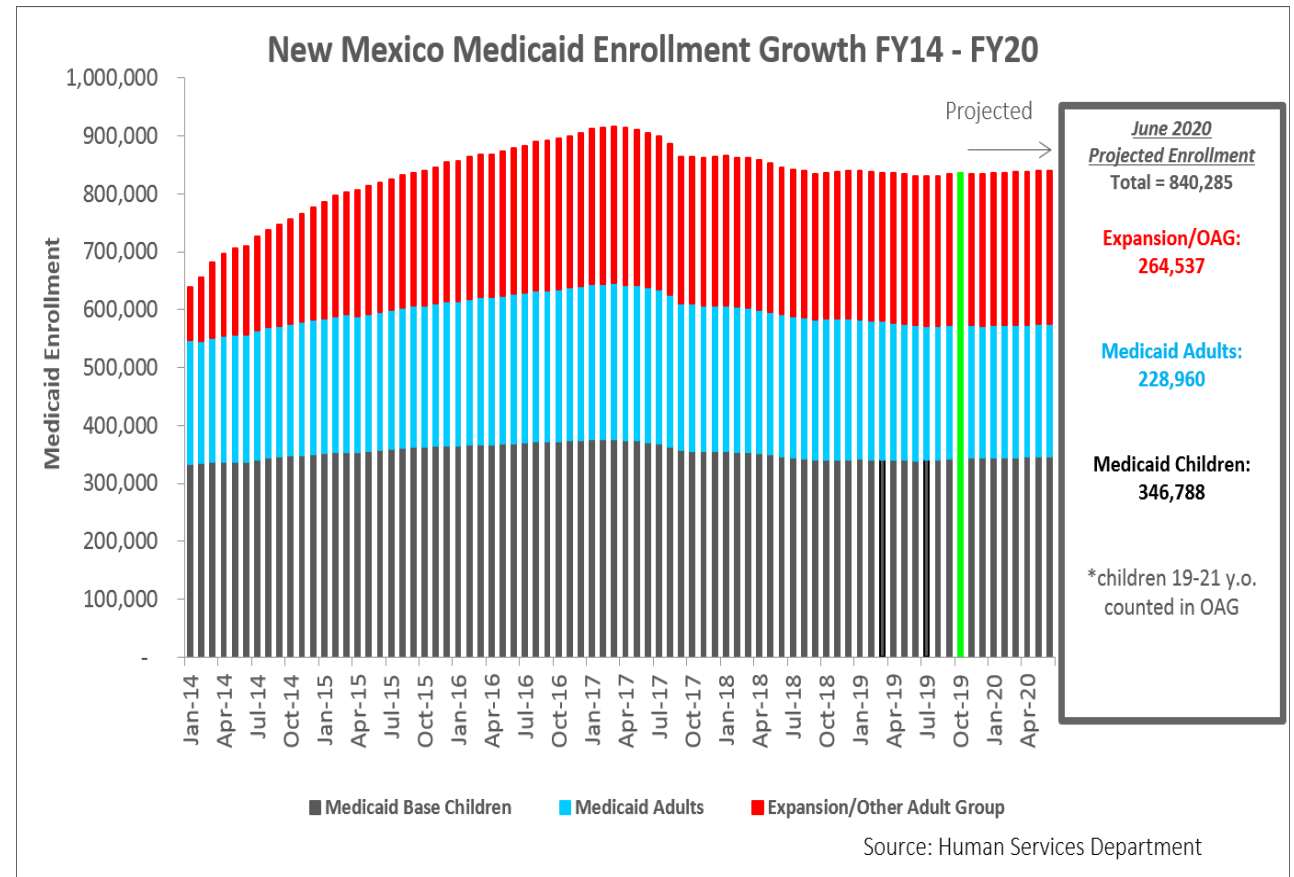


Source: Health Insurance Policy Simulation Model.

Note: Data include those below age 65 not enrolled in Medicare. Because 538,000 New Mexicans are from birth to age 18, 453,000 are ages 19 to 34, and 513,000 are ages 35 to 54, the bars representing these groups extend beyond the chart.

MEDICAID AND CHIP

- Current participation rate is high, as seen by the low uninsured rate among those eligible (6.1%), but the uninsured are large in number
- Medicaid/CHIP outreach and application assistance could potentially reach:
 - 30 percent of all uninsured (under age 65)
 - 40 percent of uninsured Native Americans
 - About 64 percent of all uninsured children



OUTREACH AND ENROLLMENT EFFORTS

- Real-Time Eligibility:
 - Piloted for 3 weeks in San Juan, San Miguel, Luna, and southern Doña Ana;
 - Have since added all counties to pilot except Bernalillo, Santa Fe and Sandoval.
 - The Medical Assistance Division (MAD) anticipates going live statewide in early 2020.
- MAD is using New Mexico uninsured data, from the Urban Institute, to develop a targeted outreach plan and timeline for reaching Medicaid-eligible but unenrolled.
 - MAD staff are analyzing the data to determine regional priorities and strategies;
 - MAD staff will coordinate efforts with community partners and stakeholders.
- Partnership with beWellNM on Enrollment Activities:
 - MAD staff attended and facilitated Medicaid applications at 24 beWellNM sponsored Open Enrollment events;
 - MAD and beWellNM are discussing coordinated enrollment efforts for CY 20.
 - MAD is actively participating in IT system integration as Exchange moves to state-based marketplace platform.
- Continuous Eligibility/Automated Renewals (7/2020, pending federal approval)

POTENTIAL OPTIONS FOR REACHING UNINSURED AND UNDERINSURED

- Basic Health Plan (BHP)
- Qualified Health Plan (QHP) Public Option
- State-funded Subsidies
- Targeted Medicaid Buy-In
- Reinsurance
- Standardized Plans



❖ Note: These options are not exclusive; New Mexico could stack some of them together as necessary to address multiple aspects of coverage expansion and affordability.

❖ HSD will study several of these options in early 2020

INDIAN MANAGED CARE ENTITY (IMCE)

- The Naat'aanii Development Corporation (NDC), of the Navajo Nation proposed a model focused on ensuring that the Navajo people are offered a Medicaid managed care program that:
 - (1) is dedicated to American Indians and Alaska Natives (AI/AN) and their families, particularly the Navajo;
 - (2) provides access to quality care; and
 - (3) is tailored to AI/AN health, cultural, and geographical needs.
- Tribal Consultation on October 9, 2019 in Gallup
- Engaged in ongoing discussion with Navajo Nation

MEDICAID MANAGEMENT INFORMATION TECHNOLOGY REPLACEMENT (MMIS-R) STATUS

- System Integrator- TurningPoint Global Solutions
 - Actively producing project deliverables
- Data Services- IBM
 - Actively producing project deliverables
- Quality Assurance- HMS
 - Onboarding
- Financial Services- Active procurement
- Benefit Management Services- Active procurement
- Unified Public Interface
 - Unified Portal- RFQ in development
 - Consolidated Customer Service Center- Active procurement

HHS 2020 MMISR KEY MILESTONES

**DEC
2019**



MEDICAID REAL TIME ELIGIBILITY

Real time eligibility for Medicaid applications

**JAN
2020**



ENHANCED TPL SERVICES

Reduces cost to programs

**SUMMER
2020**



CONSOLIDATED CUSTOMER SERVICE CENTER

Improves access and services to clients, providers, and other stakeholders

**FALL
2020**



UNIFIED PORTAL

One stop shop for clients and providers

**DEC
2020**



QUALITY REPORTING

Comparison of New Mexico's quality of services against nationally recognized standards

**MAR
2021**



DATA SERVICES

Enhanced reporting and analytic capability

INTEGRATION WITH OTHER AGENCIES

THE BUSINESS TRANSFORMATION COUNCIL (BTC) IS A CORE ENABLER TO MAD'S AND HSD'S VISIONS

HSD Vision

We collaborate with our partners to design and deliver innovative, high-quality human and health services that improve the security and independence of New Mexicans and their communities



MAD Transformation Vision

To become the Medical Assistance Division of the future by enhancing systems and processes, engaging staff at all levels, and encouraging innovation to achieve improved health outcomes



Systems

Medicaid Management Information System Replacement (MMISR)



Processes

Business Transformation Council and Journeys Redesign



People

Organizational Health (OHI) and Change Management

REDEFINE THE WAY WE OPERATE

