Medicaid Advisory Committee - MAC Meeting
Monday, May 10, 2021
MINUTES

Time: Start-1:04 pm End-3:27 pm Location: GoTo Meeting

Chair: Larry A. Martinez, Presbyterian Medical Services

Recorder: Alysia Beltran, Medical Assistance Division

Committee Members

Sylvia Barela, Santa Fe Recovery Center
Jeff Bustamante, BeWellNM
Ruby Ann Esquibel, LFC
Kurt Rager, Lutheran Advocacy Ministry NM
Gary Housepian, Disability Rights NM
Kathy Kunkel, NM DOH
Kristina Leeper, NMMIP
Meggin Lorrino, NM Association for Home & Hospice Care
Rick Madden, Family Physician
Rodney McNease, UNMH
Travis Renville, NDC
Nancy Rodriguez, NM Alliance of School-Based Health Care
Laurence Shandler, Pediatrician
Dale Tinker, NM Pharmacists Association
Vicente Vargas, NM Health Care Association
Brian Blalock, NM CYFD
Troy Clark, NM Hospital Association
Eileen Goode, NM Primary Care Association
Katrina Hotrum-Lopez, NM ALTSD
Sharon Huerta, BCBSNM
Liz Lacouture, PHS
Ellen Leitzer, Senior Citizens Law Office
Carol Luna-Anderson, The Life Link
Sireesha Manne, NM Center on Law & Poverty
Carolyn Montoya, UNM College of Nursing
Sharon Finarelli, NM Alliance of Health Councils
Buffie Ann Saavedra, AARP
Latha Shankar, WSCC
Russ Toal, OSI
Anthony Yepa, Indian Pueblos Council

Absent Members: Ellen Leitzer, Senior Citizens Law Office; Buffie Ann Saavedra, AARP; Sharon Finarelli, NM Alliance of Health Councils; Latha Shankar, WSCC

Staff & Visitors Attending:

Nicole Comeaux, State Medicaid Director
Elisa Moran-Walker, HSD/MAD Deputy Director
Angelica Bruhnke, Versatile Med Analytics
Bill Jordan, NM Voices
Bryce Pittenger, NMHSD
Charles Canada, HSD/ MAD
Cynthia Romero, HSD
David Roddy,
Donna Lopez, HSD/ MAD
Ellen Pinnes,
Jacob Rowberry, LFC
Jamie Casey,
Jeff Clark,
Jim Jackson,
Julie Lovato, HSD/ MAD
Kendra Garcia, New Vistas
Megan Pfeffer, HSD/MAD Deputy Director
Lorelei Kellogg, HSD/MAD Deputy Director
Amy Rodenburg,
Bill Wuestenhagen, HSD/ MAD
Carolyn Griego,
Christina Kupferschmidt, HSD/ MAD
Dan Lanari
Dee Ann Roybal,
Doug Wood,
Erica Archuleta, HSD/ MAD
Jacqueline Mares
Jason Smith, Gilead
Jennifer Swanberg, HSD
Joe Germain, Biogen
Julie Weinberg,
Kim Carter, HSD/ MAD
Linda Gonzales, HSD/MAD Deputy Director
Abuko Estrada, HSD/ MAD
Andy Tramel, FEI Systems
Brywn Downing,
Cathy Salazar, Parents Reaching Out
Colin Baillio, OSI
David Abbey, NM Legislative
Dominic Griego,
Dr. Mark Epstein, True Health NM
Ike Swetiltz, Search Light NM
Jake Nissle, AmeriHealth Caritas
Jeanette Gurule, HSD/ MAD
Jenny Felmley, HSD/ BHSD
John Padilla, HSD/ MAD
Karen Wiley, NMDVR
Laura Hill, Abbvie

Lauren Graves, Amerihealth Caritas
Matt Misleh, NMPCA
David Nater,
Nicolas Cordova, NM Poverty Law
Patty Kehoe,
Ramon Martinez, WSCC
Shane Shariff, MAD
Tammy Soveranez, HSD
Todd Ness,
Wanicha Burapa, MAD
Maria Kniskern, HSD/ MAD
Mike Nelson, Tri Core
Nathan Cogburn, WSCC
Norman White, PHS
Peter Crespin, Consumer Direct Care
Sarah Koob,
Shelly Begay, HSD
Theresa Belanger, MAD
Trey LaFleur, Molina Healthcare
Marilyn Bennett, New Vistas
Melodee Koehler, HSD/ MAD
Neal Bowen, HSD/ BHSD
Patricia Vigil,
Quinn Lopez, WSCC
Scott Allocco, Sellers Dorsey
Tallie Tolen, HSD/ MAD
Theresa Griego, HSD/ MAD
Wade Carlson, CYFD

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
1. Welcome	**Director, Nicole Comeaux, presented an overview of meeting protocol** Everyone should be getting used to the different platforms at this point. Some friendly reminders during today's meeting: please mute microphones when not speaking, please update your name and email address under attendees, Committee Members can ask questions throughout the presentation, the chat function will be open for the Public Comments throughout the presentation, along with an open period at the end for others to speak and give their public comment, presenters, please remember to indicate when to transition slides, and this meeting is being recorded and will be available for the public at a later date.	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed
2. Introductions and Roll Call	**Chairperson, Larry Martinez, convened the meeting and Director, Nicole Comeaux, led the introductions** MAD Director, Nicole Comeaux conducted roll call for all committee members.	None	Larry Martinez, MAC Chairperson	Completed
3. Meeting Agenda and Minute Approval	The agenda for this meeting was approved by all committee members in attendance, with no recommended changes. The minutes from the January 19, 2021 meeting were approved by the committee.	None Finalized minutes will be posted on the HSD website.	HSD/MAD Director's office	Completed
4. Proposed By-Law Change	**Director, Nicole Comeaux, discussed a change to regular MAC Meeting dates** **Proposal for Committee Consideration** HSD/MAD is proposing to change the cadence of meetings as outlined in the by-laws so they will follow the regular Medicaid budget projections. The budget is a critical component of Medicaid operations that	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	this Stakeholder group should hear quarterly. The Medicaid budget meetings are held every 4th week of January, April, July and October. Currently the MAC meetings are held quarterly every 3rd Monday in January, April, July, and October. The new proposed dated for the MAC meetings will be quarterly every 2nd Monday, in February, May, August and November. Director Comeaux proposed motion to adopt the change. Chairperson Larry Martinez entertained the motion. The committee voted and adopted the change in meeting cadence.			
5. Director Update and HSD Strategic Planning	**Director, Nicole Comeaux, presented the Medical Assistance Division (MAD) Director Update** **HSD Has Been Busy** You can see the growth and the number of unduplicated customers that we have been serving since the beginning of the pandemic, which includes the front face of Medicaid, our Income Support Division (ISD) partners, Behavioral Health Services Division (BHSD), Aging & Long-Term Services Department (ALTSD), and Department of Health (DOH). They are also seeing individuals in these kinds of volumes. This is an incredible number of New Mexicans being served during this effort. **HSD Annual Strategic Planning Cycle** HSD set out this strategic plan back in 2019, and since then we have refined it more and built upon it. This cycle starts with the Legislative Session in January going through March, where we hear from the Governor on what our State's priorities will be. In April, we will look at all the of the bills that will come out of session and what that work is going to mean for everyone and the year ahead and will revise our strategic plan. We will also follow up with the Legislative Finance Committee (LFC) and evaluate the scorecard measures to make sure we know what we are driving towards in the year ahead. In addition to the measure with LFC, we also revisit those that we are monitoring and are now posted on the HSD scorecard online. In May, our intent is to review our mission and goals, develop new strategic objectives, and most importantly we want to solicit key stakeholders for feedback on our strategic plan, and conduct customer and employee listening sessions, which are ongoing right now. In June, we will evaluate the strategic plan based on stakeholder, customer and employee feedback and really solidify our priorities for the year ahead. In July, we start to develop our budget request for the following year. In August, we finalize the budget request, scorecard measures, strategic plan and we start planning the data book. In September, we will have more interim legislative hearings and additional listening sessions. In October and November, we will have legislator outreach and will start preparing for the session ahead. In December, the data book is finalized, and we start the interim legislative hearings.	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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6. NM Legislative Session	**Coverage Innovation Officer, Abuko Estrada, presented on Legislative Session Outcomes** Medical Assistance reviewed well over 60-70 bills, just within MAD and there were over 100 bills that were HSD related. **2021 Legislative Session – Highlights** House Bill (HB) 67- Primary Care Council Act: This bill received a unanimous amount of support through the process at the Legislative Session. This bill establishes Primary Care Council to develop a shared description of primary care workforce, to analyze primary expenditures, and make policy recommendations to improve primary delivery and reduce health care costs for the state. Sente Bill (SB) 71- Patient Debt Collection Protection Act: This bill has a lot of implications for low income, indigent patients, in terms of debt collection practices. HSD is to provide guidance on accessing available sources of funding for care that prioritizes funding in federal funding, state funding and other sources. Also, health care facilities and third-party providers receiving indigent care funds must make an annual report to HSD on how the funds are being used. The reports must also be made publicly available through the facility or provider websites. SB 317- No Behavioral Health Cost Sharing/Health Care Affordability Fund: This bill prohibits cost-sharing for co-pays and deductibles for behavioral health services, including prescriptions, in the individuals, small and large group markets as well as public employees and retirees. This bill also merged with HB 122 to include the Health Care Affordability Fund, which will make investments in improving affordability through the Health Exchange, reduce premiums for small business in fully-insured market, and expand access to coverage for individuals who cannot access coverage through the Exchange.	None	Abuko Estrada, Coverage Innovation Officer, Medical Assistance Division, Human Services Department	Completed
7. Federal Legislation	**Director, Nicole Comeaux, presented on the Federal Legislation** **American Rescue Plan Act (ARPA): Medicaid Impacts** Congress, at the Federal level passed another piece of legislation though the reconciliation process, which is call the ARPA. There are a lot of provisions within that legislation to help the country weather the end of the Public Health Emergency (PHE). One of the most critical things to call out this legislation was passed on March 11, 2021, and we are currently awaiting guidance from Centers for Medicare and Medicaid Services (CMS). Section 9817 is a ten percent point Federal Medical Assistance Percentage (FMAP) enhancement for Home and Community Based Services (HCBS), which was effective April 1, 2021 and lasts until March 31, 2022. Provision 9811 is mandatory coverage of COVID-19 testing and treatment with a 100 percent FMAP for vaccine administration that was effective March 11, 2021 and we are	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	currently awaiting CMS guidance as to who the mandatory coverages are for.			
8. Medicaid Budget Projection and Policy	**Director, Nicole Comeaux, presented on the Medicaid Budget Projections** **Medicaid Budget Policy** **Medicaid 6.2% Increased Match: Maintenance of Effort Requirement** At the beginning of the PHE, another piece of legislation was passed, Families First Corona Virus Response Act (FFCRA), which provided Medicaid an additional 6.2 percent increase to the federal match. In order for states to receive that match, we are required to comply with the Maintenance of Effort (MOE) requirement, which states we can not disenroll from Medicaid during the PHE declaration. There are some categories of eligibility that CMS leaders came out with guidance that we can move members between, but these are limited categories. For the most part the result of this has been maintenance to any member that came on to Medicaid as of March 18, 2020. These members will stay on unless they chose to disenroll or move to another state, until the end of the PHE. **Impact of the Maintenance of Effort Requirement on Medicaid Enrollment** Prior to the PHE, the growth to the Medicaid program was about .1 percent per month. On average, prior to the pandemic we disenrolled about one percent of the population per month. During the pandemic we have grown about 1.5 percent per month, which means we are projected to hit a 16.9 percent growth in the program by December 2021. **6.2% FMAP Extension Timeline** The most recent extension of PHE declaration was on April 15, 2021. The way that the statutory requirements for the PHE declarations work is that they extend in 90-day increments. Formally, they will keep renewing these, and right now this renewal will take us up until July 27, 2021. However, at the beginning of the Biden administration, there was a letter shared with all the Governors indicating the PHE will likely extend through December 2021, and there would be a 60-day notice given to states prior to termination. **Assumptions** HSD is assuming the PHE declaration continues through December 31, 2021 and the additional 6.2 percent FMAP increase would also end December 31, 2021. The Medicaid MOE population will start to transition off of Medicaid, hopefully into another source of coverage, which will happen over a three-month period beginning January 1, 2022.	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed Completed

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	Deputy Director, Elisa Walker-Moran presented on the Medicaid Budget Projections **Duration of FMAP Increase** Currently we are in a place where we have an additional 6.2 percent FMAP. You can see how our FMAP has increased due to the 6.2 percent. Right now, Federal Fiscal Year (FY) 21, our FMAP would have been 73.46 percent, but because of the 6.2 percent, that brings us to the 79.91 percent rate. **FFY21 Medicaid FMAP and 6.2% Increase Impact** Before the PHE, for every dollar that the state contributed in General Funds (GF), the feds matched us with $3.65. During the PHE, in FY21, we received $4.72. This is a result of us having the 6.2 percent for four quarters. **FFY22 Medicaid FMAP and 6.2% Increase Impact** For State FY22, pre-PHE, for every dollar that we contributed, we would have received $3.64. In FY22, we are anticipating the 6.2 percent to last for two quarters, which will increase our match to $4.15. **FY20, FY21 & FY22 Budget Overview** **Medicaid Budget Update: Expenditures** The estimated expenditures in FY20 are just over $6.5B which is the total projection released on April 30, 2021, compared to the prior projection released on January 13, 2021, is our current projection. In FY21, we reached almost $7.3B in expenditures. In FY22, we expect to reach $7.5B. In FY20, there was a decrease from the last projection. We had put in some temporary rate increases to assist the providers with the closures that happened in the fourth quarter. For FY22, there is a cost increase of about $194M, from the PHE that was extended for two quarters. **Medicaid Budget Update: Revenues** The estimated state revenue surplus in FY20 is $46.3M, with a need of $920M. The projected revenue surplus in FY21 is $49.8M, with a need of about $902M. In FY22, because we don't have the 6.2 percent for the entire year, we do expect a shortfall of $75M, with a need of almost $1.1B. **FY2022 6.2% Impact Assumptions** The total cost in FY22 did increase by almost $194M. Previously our GF showed a shortfall of almost $150M when we went into session. Then there was another 6.2 percent built in for two quarters. That reduces the GF need by almost $149M, but because there are MOE costs and some other changes in the first two quarters, that increased the GF cost by about $52M. As a result of HB2, we also had some	None	Elisa Walker-Moran, Deputy Director, Medical Assistance Division, Human Services Department	

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	revenue adjustments, by receiving less tobacco settlement money, and we are projected to receive less county supported Medicaid money, so as a result of HB2, that reduced the GF by $24M. The new shortfall from the original forecast of $150M, is now $75M. **Enrollment Projection Assumptions** **Medicaid Enrollment Projection in Context** We do project almost 922,700 total beneficiaries in March of 2021 and project to reach 953,100 by December of 2021. In March of 2022, we project to decline to 896,300 members, as the MOE expires. We still have about 82 percent of our enrollees enrolled in Managed Care. There is about 44 percent of New Mexicans enrolled in Medicaid, which is up from 40 percent pre-COVID. 43 percent of the beneficiaries are children. 58 percent of New Mexican children are enrolled in Medicaid, and that is up from 56 percent pre-COVID. 71 percent of all births in New Mexico are covered by Medicaid. **Medicaid Enrollment Changes** There has been growth built into Medicaid/Children's Health Insurance Program (CHIP) enrollment due to the PHE, and MOE requirements. The economic outlook is consistent with the labor market, our preliminary expectations for the MOE eligibility redeterminations and transitional Medicaid enrollments, and we have built in expectations of working age adults in Physical Health (PH) and expansion of about 55 thousand individuals. We have about 113 thousand individuals enrolled due to the MOE, and we assume that around 50 percent of those will remain eligible for Medicaid when the PHE ends. **New Mexico Nonfarm Payroll Employment and Unemployment Rate** We went from an unemployment rate of 4.8 percent pre-PHE to a high of 11.9 percent in April 2020 and 12.7 percent in July 2020. We have been declining since as economic conditions are improving. **Labor Market Trends in Public Health Emergency** Employment and unemployment rates do affect the Medicaid enrollment. Currently. for every 1,000 jobs there is a decline of about 300 Medicaid enrollees. **Total Enrollment Projection (Fee For Service (FFS) and Managed Care Organizations (MCO))** **NM Medicaid Enrollment Projection FY20** These are going to show our Medicaid enrollment projections. At the beginning of the PHE, in March, there was a month over month change as enrollment started growing.			

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	NM Medicaid Enrollment Projection FY21 As of March, enrollment had grown about 10.4 percent. **NM Medicaid Enrollment Projection FY22** By December 2021, we are projecting that enrollment will grow by 14.1 percent since the beginning of the PHE. Starting in January 2022 until March 2022, we have built in assumptions, that about 19,000 individuals will become Medicaid ineligible and will move out of Medicaid. **Managed Care Enrollment Projection (MCO)** **NM Medicaid Managed Care Enrollment FY20** The Managed Care (MC) enrollment is very similar to the overall enrollment. **NM Medicaid Managed Care Enrollment FY21** By December of 2020, we project the MC enrollment to increase by about 10.3 percent from before the PHE. **NM Medicaid Managed Care Enrollment FY22** By January 2022, is when we will begin disenrolling the Medicaid ineligible members. **Enrollment Impact of MOE Through Calendar Year (CY) 2021** This presents the progression of our enrollment projection over time. The bottom line represents the projection before the PHE with December 2019 data. The top dark line represents our current projection extending the PHE through December 2021 with disenrollment beginning in January 2022 as the PHE and MOE requirements expire. The lighter green line highlighted at September 2021 is the current PHE extension through the first quarter of FY22. **Risk Factors in the Budget** There are certain risk factors that are built into the budget. We have built in the expectations of the MOE eligibility, certain workforce participation and incentives for job search activities. There are built in preliminary costs in expansions of the high fidelity wrap around and the annual cost of administering the COVID-19 vaccinations, which will impact FY21 and FY22. Those projections are built in as 100 percent federally funded. We are planning on extending the post-partum Medicaid from 60 days to 12 months. We are currently doing analysis from the Kevin S settlement on Behavioral Health Services, so this cost is not bult in. There is no potential cost containment built in. The affordability fund appropriation to address tax has not been built in, as we are waiting for analysis to begin in January 2022.			

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9. End of the PHE Planning	**Deputy Director, Lorelei Kellogg, presented on End of Public Health Emergency (PHE) Activities** **Medicaid Maintenance of Effort During PHE** Since Spring of 2020, CMS has required that states have a maintenance of effort in order for us to receive that additional 6.2 percent FMAP. Currently there are two ways that New Mexico is retaining eligibility for members. The first way is to sustain Medicaid coverage and benefit levels for individuals who we know are no longer financially eligible based off reported changes. The state has made no changes to the application or recertification processing. So, folks are still required to submit their recertifications and send us information on changes in circumstances, but we are not acting on those changes in terms of disenrolling or making them eligible for a different category. The second way is to extend the renewal dates to those members who are not successfully certifying or who are not having any agency contact, and this will be done in three-month increments. Medicaid enrollment can only be terminated for the following four reasons: the client must request closure, the client ceases to be a state resident, the client passed away or the client was approved due to agency error. **End of PHE Activities** There are some things that we are doing to prepare for the end of the PHE. States have received some guidance from CMS that has been provided to help assist us with the termination of the MOE. When the Federal PHE ends, we will have to return to regular processing, so right now we are taking steps to ensure we can smoothly transition between the MOE and the regular enrollment roles. In accordance with the CMS guidance, we have evaluated several options for a risk-based approach to ending the PHE activities. At this time we have elected to use a hybrid model, which combines the evaluation of specific populations, categories of eligibility, and types of members as well as an assessment of a staggered timeline for the roll off which was illustrated in the countdowns given earlier in the presentation. We are looking at a 90-day time frame to complete all roll-off activities. We are working with multiple stakeholders, other divisions and in some cases other departments, to develop a communication plan that ensures we are notifying our members of the planned activities and providing them guidance for next steps. There is a lot of coordination that has happened here, as well as a lot of communication that we want to get out to members. Essentially late this summer, we will start to put out a lot of this communication and currently can mass text the Medicaid population. We are also looking	None	Lorelei Kellogg, Deputy Director, Medical Assistance Division, Human Services Department	Completed

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	forward to using social media platforms. We also want to take advantage of some of the outreach that our partners at the Exchange are going to be doing with their open enrollment. The Exchange open enrollment will happen in November. Once the open enrollment is ending, this roll off will begin. We will be working in coordination with the Exchange to consider an extended open enrollment. There was a question in the chat about staffing capacity to manage our positions. In the last year there was a hiring freeze, and while we were fortunate to fill some positions, we also had a lot of retirements. As far as our programmatic staff, we are working to fill staff positions as quickly as we can and to help address things on the back end. There are dozens of waivers that we have to submit new documentation to undo, there are SPAs that we will have to update, there are LOD and Supplements that need to be updated as well, this is the program staff on the back end, a lot of work that we are trying to make sure we are staffed to handle. As far as the Call Center, we have been working with our ITD, who manage that contract, to make sure they are sufficient forecasting, that we are sharing these numbers with them, that we are looking 18,000 additional members a month who may start calling and having questions. We will continue to share numbers and forecast as much as we can as we continue to refine these numbers, likely in August and September.			
10. COVID-19 Update	**Acting Operations Manager, Melodee Koehler, presented on COVID-19 Waiver and Guidance** **COVID-19 Response Efforts** During the COVID-19 PHE, the state has pursued multiple avenues to ensure that we can respond appropriately. We have applied for many federal authorities, and we have been approved for seven federal waivers, and 22 State Plan Amendments (SPAs), with six more pending federal approval. We will continue to monitor for all other federal opportunities. There is additional detail on the federal authorities included in the Appendix which will also be posted on the HSD website. **COVID-19 Supplements and Letters of Direction** We wanted to point out that the Special COVID-19 Supplement #16 was issued on April 20, 2021. Included in this slide are links to all this guidance. Since the supplement was issued we have received some questions and we are working on providing additional clarifications to this guidance. I also wanted to point out the Administrative order, that waives the regular timely filing requirement of 90-days, so providers are allowed up to one year to submit claims for all COVID-19 testing and vaccine claims.	None	Melodee Koehler, Acting Operations Manager, Medical Assistance Division, Human Services Department	Completed

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	Special COVID-19 Letter of Direction (LOD) Issued Since 1/1/2021 COVID-19 LOD 8-1 was a repeal and replace of LOD 8, which provided guidance on the testing and treatment codes and 8-1 was a repeal and replace with additional testing codes including coverage for antibody testing. COVID-19 LOD 9-1, was a repeal and replace of LOD 9 for prior authorization and cost-sharing. The original LOD was issued in May of 2020 and prohibited cost-sharing and prior authorization requirements for all COVID-19 testing and treatment. This extends existing non-COVID prior authorizations through the duration of the PHE and the repeal and replace added clarification on ABA requirements for claims during the PHE. COVID-19 LOD 16-1 was for Non-DRG Hospital Payment increases. Those increases were applied to claims that were for dates of service from April 1, 2020 to June 30, 2020. So, it is requiring claims reprocessing to pay those rates. The repeal and replace clarified that it was for all provider types 202-205, which include residential treatment centers. COVID-19 LOD 19-1, was the waiver of Timely Filing. The initial LOD 19, was specific to claims from DOH, and the repeal and replace, extended it to all Medicaid eligible providers and it also added the requirement for vaccines. So, all COVID vaccines and testing have one year to be filed from the date of service. COVID-19 LOD 20 is Surveillance Testing and that provides guidance to facilities where surveillance testing may be performed on a-symptomatic individuals, without provider referrals to be used for systematic activities including collection, analysis, interpretation of data essential to planning, implementing and evaluating public health practices. COVID-19 LOD 21 is a Provider Rate Increase and Claims Adjustments for E&M and non-E&M codes for the dates of service from April 1, 2020 through June 30, 2020. There are a variety of codes that got that rate increase and this is to bring provider rates to 98 percent of Medicare or of an increase of 6.81 percent if there was no corresponding Medicare rate. These rate increases are in recognition of the decreased utilization that providers have experienced during the beginning of the PHE.			
11. COVID-19 Vaccine Guidance	**Director, Nicole Comeaux, presented on COVID-19 Vaccine Guidance** **Reimbursement / Incentives** The Special COVID-19 Vaccine Supplement was just released and currently we are waiting for guidance from CMS and working through what our reimbursement and payment mechanism will be with the MCOs. Effective March 15, 2021, all doses will be reimbursed at $40 per dose. However, Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) will be reimbursed at the encounter rate, and Tribal 638's will be reimbursed at the Office of Management and	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

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	Budget (OMB) rate. Through the Centennial Care rewards program, members will be rewarded 200 points for full immunization.			
12. COVID-19 Vaccine Efforts	**HSD's Contractor of Special Projects, Dr. Jeff Clark, presented on COVID-19 Vaccination Efforts** **Medicaid MCO Enrollees Vaccination: Collaboration/Cooperation** There is a group of entities that have come together for the vaccination effort that have been meeting for several weeks. New Mexico leads the states in vaccination rates with about 45 percent of New Mexicans fully vaccinated, which the Governor predicts that we will be at 60 percent by the end of June 2021. **Local Coordination/Cooperation** The MCOs are working with DOH and others, with local coordination and cooperation. DOH has a vaccine Event Calendar, which all vaccines events and all pharmacies that are providing vaccines are listed by location or by community and these events are projected out by a couple of weeks. MCOs are to inform and encourage their members. We are also identifying any gaps there might be and coordinating additional events. In addition, the MCOs and DOH are working together to create a "heat map", which helps us know where the MCO members are and identify the closest vaccine site location in their area. **Home Bound Members** MCOs are identifying their home bound members and leveraging care coordination, as they are key to this. They are to reach out to individual members and encouraging them to get their vaccine, also arranging for home bound vaccine administration. DOH and the MCOs are syncing their efforts with the local Emergency Management System (EMS) for each county. EMS will transport and administer the vaccine. There are some challenges we have ran into, such as members at the last minute have refused the vaccination. **Primary Care Providers (PCP)** There was a news release from Secretary Collins, Secretary Hotrum-Lopez and Secretary Scrase regarding PCPs. DOH Cabinet Secretary Dr. Tracie Collins stated, "no group is more important than primary health care providers" "with their long-standing relationships with their patients they are ideally placed to hold open, trusting conversations and encourage vaccinations.". Each MCO is to provide their network PCPs with a list of their Members' vaccination status. This will help the PCPs identify which of their patients have been vaccinated and which have not.	None	Jeff Clark, M.D., HSD Contractor Special Projects	Completed

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13. Additional Updates	**Deputy Director, Megan Pfeffer, presented Additional Updates** **2021 Quality Strategy** We submitted our Quality Strategy with our Waiver for Centennial Care 2.0 and it is available for public comment beginning May 10, 2021 through June 9, 2021. The Quality Strategy is a way to ensure we are monitoring the oversight of the MCOs and the quality metrics thought to drive any kind of improvement in health outcomes. We are asking for feedback so if anyone has any ideas of what kind of metrics would be helpful please let us know. **New Mexico Administrative Code Amendments** The NM Public Education Department (PED) has two new rules. One is revised, one is new. The revised rule is adding additional information about COVID-19 safety for School Reentry Requirements regarding in-person training while still observing social distancing. The new rule requires schools to verify, prior to the student's initial enrollment, the student had a dental visit. They are allowing for a waiver of this, but this is a new requirement that is coming up this school year and just wanted to let you all know that we are aware of and monitoring these changes. We will continue working with our MCOs to monitor the dental outcomes.	None	Megan Pfeffer, Deputy Director, Medical Assistance Division, Human Services Department	Completed
14. Medicare Savings Program	**Deputy Director, Lorelei Kellogg, presented on Medicare Savings Program** **Medicare Savings Program Changes** The rule promulgation started on August 25, 2020 and it ran through September 25, 2020. The intent was to remove the language that required us to verify asset limits for the Medicare Savings Program. The Medicare Saving Program is a type of coverage that will pay for the Medicare Part B premium. This rule went into effect on January 1, 2021. The system changes were implemented in the eligibility system, ASPEN, on January 31, 2021. When the change was implemented in our system, it was applied to all applications that we received in the month of January.	None	Lorelei Kellogg, Deputy Director, Medical Assistance Division, Human Services Department	Completed
15. Electronic Visit Verification	**Director, Nicole Comeaux, presented on Electronic Visit Verification (EVV) Update and Fiscal Management Vendor Transition** The next update we wanted to provide you on is a two-part transition that we felt was critical and want to make sure we call it out on the offset. This is an update on the Electronic Visit Verification implementation for our Home and Community-Based Services (HCBS) and as the second part of this we are also transiting our fiscal management	None	Nicole Comeaux, Director, Medical Assistance Division, Human Services Department	Completed

DISCUSSION ITEM	OUTCOME	FOLLOW-UP ACTION	RESPONSIBLE PERSON/ DEPARTMENT	EXPECTED OR REQUIRED COMPLETION DATE
	vendor. This effort includes about 4,000 individuals being served and about 4,000 providing services to them, which has increased Call Center call volume significantly. **Timeline/Issues the State Has Faced** The EVV for HCBS is essentially a clock-in clock-out program for folks in those waivers. This was required by CMS for states to implement by January 1, 2021, or we would face a reduction in our federal match for not complying. There are some IT efforts going on including the replacement of the Medicaid Management Information System (MMIS). This is the system that processes all our claims, manages all of our codes, etc. and we have expanded this out to what are now calling HHS 2020. This means working towards incorporating all the other departments, so that we can simplify all the access to these programs for members that are served by Medicaid and the rest of the state. There is a system integrator that is part of this effort that is like a hub of all the spokes. There are several different modules; data services, financial services, and there is the system integrator in the middle that makes everything talk to each other. That central hub vendor, which is our biggest vendor, who we had to terminate, which ended up having a ripple effect on all other ITD contracts, including this EVV update. Since the termination, we had a very short time to readjust contracts, which meant the implementation of the EVV system and the transition of data, between old vendors and new vendors, took place in about three months at the end of the calendar year, which should have been a nine month development cycle. With this short turn-around, we have resulted in some issues, data that came over from the previous vendor was not clean, which resulted in the new vendor doing a lot of outreach with the state to try to reach out to members to get new information like addresses, tax information, direct deposit accounts, which when the information transferred, it was only accounts that we were able to issue checks to. These changes have had a significate impact on the members in these programs and we have been working hard to try to remedy the issues as quickly as we can. Most of the challenges that we have, have been corrected, there are still a few members that we are needing to work with. Since the change and fixes, Call Center calls have gone down, wait time calls are less than a minute, call handle times are down, which means the call center agents are learning how to maneuver better to assist members. The volume of payments mirrors what is was historically which means, members are getting paid what they should be paid. The number is issues that were being tracked through the MCO and our other vendor partners that operate the call center, have also dropped to a very minimal number. We are continuing to have staff makes sure everything gets smoothed out.			

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	Phase 1 and Phase 2 Components Phase 1 was the implementation of Clock-In, Clock-Out. In Phase 2, we have September 2021 as a target date. There will also be full EVV functionality, where there will be a lot more that we can do in the system, i.e. Paperwork can be submitted, and a mobile app to clock-in and out. Palco is the new financial management vendor and Authenticare runs the system that we are operating in. We will be seeking a lot of stakeholder input in this round and have some testing to do on the front end. We have more time in this second phase, because we met the minimum compliance requirements for January. **EVV Implementations** On the Managed Care side, the Agency Based Community Benefit was implemented on the 2016 timeframe. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT), was implemented in January 2020. On the Self-Directed side in Managed Care, they are aligned with the rest of the implementation on January 1, 2021. With the rest of the FFS population, with the Agency Based side, the Developmentally Disabled Waiver (DDW) members and the Supports Agency Based Waiver members, as well as the Self-Direction side with the Mia Via Self-Directed and the Supports Participant Directed Waiver were all implemented on January 1, 2021. **Where To Find More Information** There is a lot more information. This is a resource slide which will also be posted on the HSD website.			
16. Valle Del Sol Transition	**Behavioral Health Services Division Director, Dr. Neal Bowen, presented on Valle Del Sol Transition** **Valle Del Sol** Valle Del Sol is a company from Arizona that came into New Mexico because of the 2013 shakeup of the behavioral health care system. They have been providing services mostly in the Northern and Northeastern section of the state. They are currently serving a little over 1,100 patients with most of them being adults. **Transition** We have been working on a transition. We have 14 New Mexico providers that have stepped forward and offered to help facilitate the transition. Nine agencies responded to a questionnaire that was sent out to the agencies. There were four collaborating members from the MCOs, CYFD, and HSD to assist with reviewing these questionnaires.	None	Neal Bowen M.D, Director, Behavioral Health Services Division, Human Services Department	Completed

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	We scored and followed up with each of the nine agencies, giving them results of the scoring. We also worked on what was the best fit resolution for the entire service area. The solution that worked best was Presbyterian Medical Services, which will take over the services in Espanola and Grants. Teambuilders will take over the rest of the service area.			
17. Tribal 638/FQHC	**Native American Liaison, Shelly Begay, presented on Tribal 638/FQHC Update** **Four Walls Requirement Under 42 C.F.R.440.90 For Indian Health Services (IHS) and Tribal Facilities** CMS issued a guidance on January 15, 2021, extending the grace period related to the Four Walls requirement. This grace period allows IHS, specifically the tribal health care facilities to continue to claim Medicaid reimbursements for services outside of the Four Walls through October 31, 2021. HSD submitted to CMS, SPA 20-0022, the FQHC Designation. This SPA was effective January 31, 2021. This SPA allows the Indian Health Care providers to maintain their status as a Tribal 638 clinic, but to receive their Medicaid reimbursements as OMB rates.	None	Shelly Begay, Native American Liaison, Office of the Secretary, Human Services Department	Completed
18. Public Comment	**The public had the following public comments:** **Meggin Lorrino**: Echoed the gratitude that has been expressed to HSD for PHE efforts. Expressed personal gratitude to the team. **Troy Clark:** Thanked Nicole and her entire team. **Larry Shandler:** Expressed gratitude and urged that once the FDA and the CDC get approval for the 12-15-year old age group, that children get immunized before the next school year.	None		Completed
19. Adjournment	The meeting adjourned at 3:27 pm.	See HSD website for upcoming meeting date(s)	Larry Martinez, MAC Chairperson	Completed

Respectfully submitted: Alysia Beltran June 22, 2021

Recorder Date