



HUMAN  
SERVICES  
DEPARTMENT



LEGISLATIVE HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE DIVISION

SEPTEMBER 4, 2020

SECRETARY DAVID R. SCRASE, M.D.

DIRECTOR NICOLE COMEAUX, J.D., M.P.H.

*INVESTING FOR TOMORROW, DELIVERING TODAY.*



# 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.



# MEET THE BURTONS

- Emily (38) is a stay at home mom to the Burton's two children Elena (7) and Tate (5) who has cystic fibrosis.
- Jose (39) laid off from job due to COVID-19 pandemic; lost health insurance last week.
- Juggling back to school planning and job searching they haven't signed up for new coverage even though its top of their list.
- Elena comes home with a low fever but with concern for Tate they take her to drive through testing and are relieved to find out they don't need to pay for their tests even though they don't have coverage.
- The next day Emily reaches out to other Mom friends through Facebook; they point her to HSD posts about applying online for benefits. She enrolls that day.



# AGENDA

- Agency Priorities
- Medical Assistance Division (MAD) Agency Update
- Federal COVID-19 Response Overview
- Medical Assistance Division (MAD) COVID-19 Response Activities
- COVID-19 Enrollment Growth
- Maintaining Member Access to Care & Utilization
- Provider Networks and Reimbursement Rates
- Questions
- Appendix

# AGENCY PRIORITIES

1. Preserve current Medicaid benefits for every qualified applicant
2. Maintain access to care for Medicaid members by ensuring adequate provider reimbursement
3. Invest in Information Technology to improve service to our customers, facilitate data-driven decision-making, and assure HSD compliance with state/federal regulations
4. Become the "HSD of the future" by assuring and building upon our COVID-19 pandemic response

# MEDICAL ASSISTANCE DIVISION (MAD) UPDATE

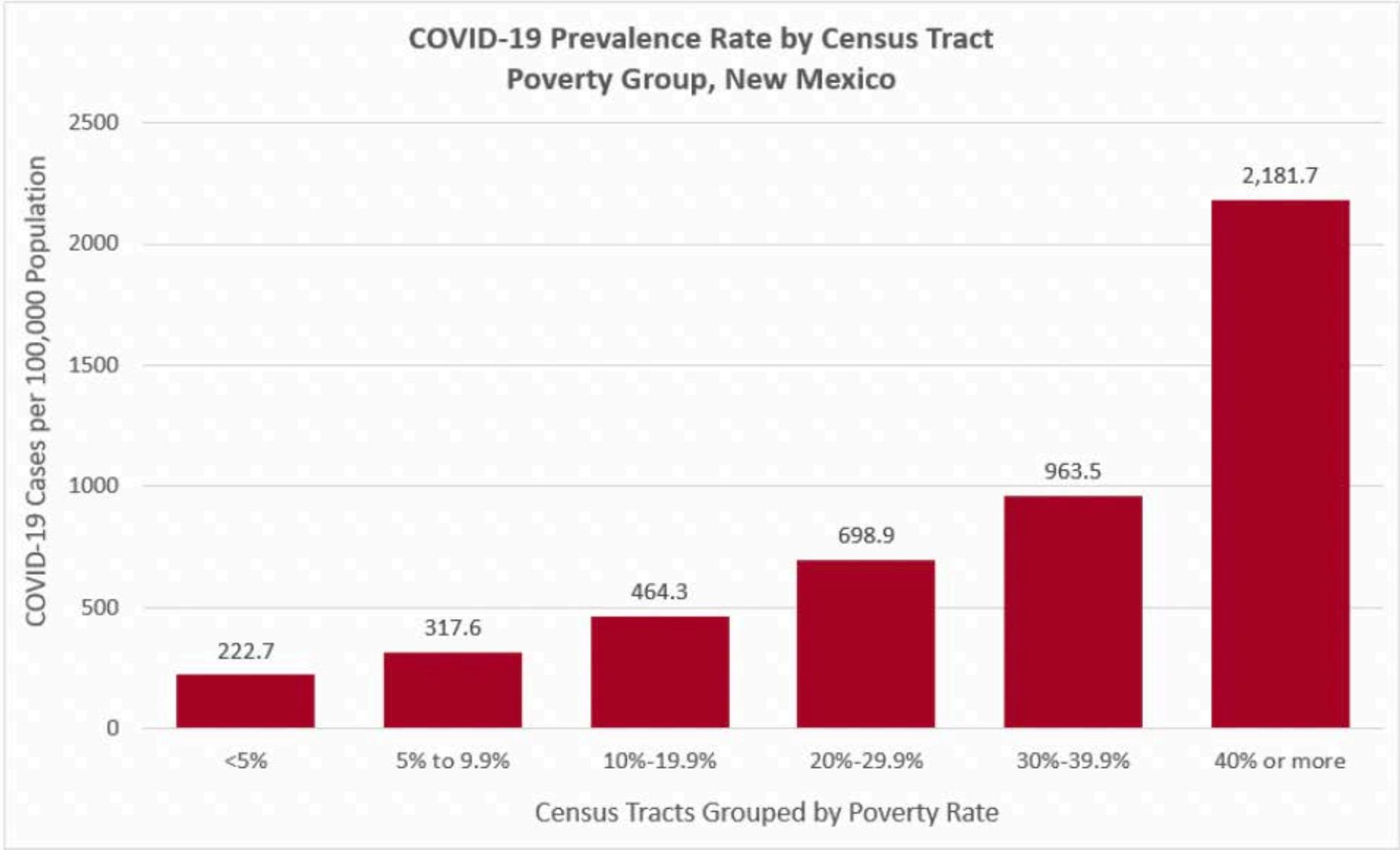
- Guiding principles at the beginning of the Public Health Emergency (PHE):
  - Ensure continuation of services
  - Keep staff safe and informed
  - Take advantage of every federal flexibility
- 100% of Medicaid employees are working remotely with periodic onsite work to complete tasks that we continue to work on solutions to conduct remotely
- Department wide team effort to achieve these aims



# FEDERAL CORONAVIRUS RELIEF OVERVIEW

*Investing for tomorrow, delivering today.*

# New Mexico COVID-19 Prevalence by Poverty Rate: COVID-19 Cases per 100,000 Population by Census Tract Poverty Rate



# FEDERAL RELIEF OVERVIEW

- Congressional Relief Packages
  - Additional 6.2% Federal Medical Assistance Percentage (FMAP)
  - Optional Uninsured Testing Group (100% FMAP)
  - Provider Relief Fund
- Administrative Flexibilities
  - Waivers
  - Disaster State Plan Amendments
  - Appendix K (activates flexibilities available under the Medicaid 1915(c) authority)
  - Emergency IT Funding

# COVID-19 CONGRESSIONAL RELIEF SUMMARY

- Phase 1 Bill – Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (H.R. 6074)
- Phase 2 Bill – Families First Coronavirus Response Act (FFCRA) (H.R. 6201)
- 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)

## FFCR Act – 3/18/2020

- **Safeguards Medicaid Benefits** – temporarily increased the federal Medicaid matching rate (FMAP) by 6.2 percentage points with requirements
- **Free testing for Coronavirus** – no cost sharing allowed & allowed states to extend Medicaid coverage for testing to the uninsured
- Strengthens food assistance
- Enhances unemployment aid
- Establishes paid leave

## CARES Act – 3/27/2020

- \$500B financial assistance for companies in need
- \$380B economic support for small businesses
- \$300B various tax incentives
- \$290B direct payments to taxpayers
- \$270B expansion of unemployment benefits
- **\$150B federal aid to hospitals & healthcare providers**
- **\$150B support to state, local, & territorial governments**
- \$2.3T total

## MEDICAID INCREASED MATCH: MAINTENANCE OF EFFORT REQUIREMENT

- States must attest compliance with the statutory requirements below to receive this increase and if they violate these terms, they will be required to return all additional federal funds:
  - **No new eligibility and enrollment** requirements that are more restrictive than were in place prior to the Public Health Emergency (PHE)
  - No cost-sharing for testing
  - No increases in premiums
  - **No disenrollment** during PHE declaration
    - Prior to the emergency, NM averaged 7,000 disenrollments per month = 0.84% of membership

# CURRENT 6.2% FMAP EXTENSION TIMELINE

## January 31, 2020

- Secretary Azar first declared COVID-19 a nationwide PHE utilizing his authority under Sec. 319 of the Public Health Service Act.
- Under Sec. 319, the Secretary may extend the PHE declaration for subsequent **90-day periods** for as long as the PHE continues to exist.

## April 26, 2020

- He issued a renewal of the determination which extended the PHE through July 25.

## July 25, 2020

- **Newest declaration will be effective through October 22, 2020.**
- UNLESS Sec. Azar determines that the PHE has ceased to exist prior to that date.

# ADDITIONAL DOLLAR IMPACT OF 6.2% FMAP INCREASE

## Quarters 3 & 4 of SFY20 (January 2020 – June 2020)

SFY 20 6.2% FMAP (\$000s)	136,853.84
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## Quarters 1 & 2 of SFY21 (July 2020 – December 2020)

SFY 21 6.2% FMAP (\$000s)	147,569.87
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# FEDERAL PROVIDER RELIEF FUND: NEW MEXICO RELIEF BY PROVIDER CATEGORY

Federal Distribution	Total Dollars Distributed Nationally	Total Distribution Received by NM Providers	# of NM Providers who Received Distribution
General	\$30 billion (round 1)	\$169,486,132	1,763
	\$20 billion (round 2)	(Data not yet available)	
High-Impact: hospitals that have a high number of confirmed COVID-19 positive inpatient admissions	\$12 billion (round 1)	\$74,500,000	10
	\$10 billion (round 2)	(Data not yet available)	
Rural: rural acute care general hospitals and Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), and Community Health Centers located in rural areas	\$11 billion	\$127,949,500	160
Skilled Nursing Facilities/Nursing Homes	\$7.4 billion	\$31,197,700	(Data not yet available)
Indian Health Service Support	\$500 million	(Data not yet available)	
Safety Net Hospitals (includes acute care and children's hospitals)	\$14.4 billion	\$138,698,572	(Data not yet available)
Reimbursement to NM Health Care Providers and Facilities for Testing and Treatment of the Uninsured	(Data not yet available)	\$3,081,871	(Data not yet available)
<b>Total Federal Provider Relief (as of 8/28/20)</b>	<b>\$105.4 billion</b>	<b>\$544,913,775</b>	<b>1,933</b>

\*Data obtained from HRSA current through 8/28/20: <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/data/index.html>

# GROUPS THAT BELIEVE THAT 6.2% FMAP IS INSUFFICIENT TO FUND MEDICAID COST GROWTH IN THIS PANDEMIC

- Georgetown University  
<https://ccf.georgetown.edu/2020/05/04/critical-need-for-further-large-fmap-increases-to-sustain-state-medicaid-programs-during-economic-crisis/>
- Manatt  
<https://www.shvs.org/analyzing-the-fiscal-impact-of-covid-19-the-economic-downturn-and-recent-policy-changes-50-state-databook/>
- Urban Institute  
[https://www.urban.org/sites/default/files/publication/102098/increasing-federal-medicaid-matching-rates-to-provide-fiscal-relief-to-states-during-the-covid-19-pandem\\_0\\_0.pdf](https://www.urban.org/sites/default/files/publication/102098/increasing-federal-medicaid-matching-rates-to-provide-fiscal-relief-to-states-during-the-covid-19-pandem_0_0.pdf)
- Center for Budget and Policy Priorities  
<https://www.cbpp.org/blog/medicaid-funding-boost-for-states-cant-wait>

## Critical Need for Further, Large FMAP Increases to Sustain State Medicaid Programs During Economic Crisis

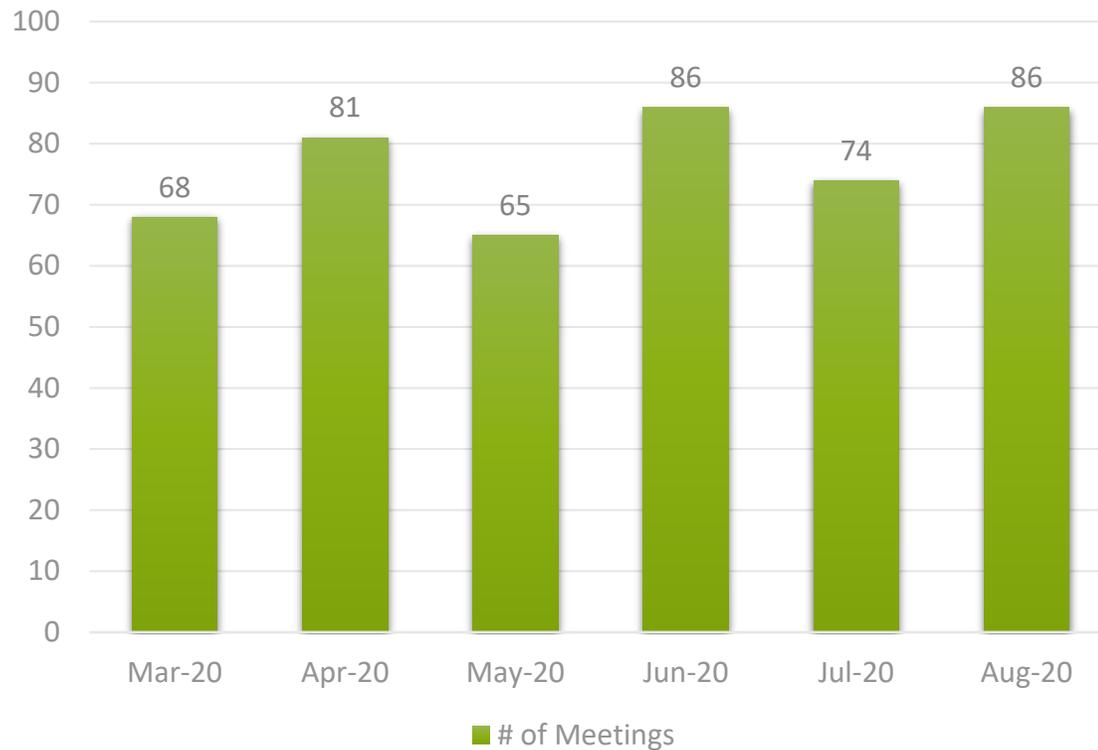


# MEDICAL ASSISTANCE DIVISION (MAD) COVID-19 RESPONSE

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# STAKEHOLDER ENGAGEMENT

460 Stakeholder Engagements from 3/2020 – 8/2020 with Medicaid Leadership



## Stakeholders

- Managed Care Organizations
- Medical providers (including Behavioral Health)
- Hospitals
- Medicaid Advisory Committee
- Native American Technical Advisory Council
- Associations
- Federal Partners
- Testing Facilities
- Long-term care providers (Nursing Facilities, Assisted Living Facilities)
- Programs of All-inclusive Care for the Elderly (PACE)
- Home and Hospice Care
- Pharmacists
- Durable Medical Equipment Providers
- Disability Advocates
- Transportation Vendors
- Schools
- Childcare facilities

# HUMAN SERVICE DIVISION COVID-19 RESPONSE EFFORTS

- New Mexico was in the first ten states to submit emergency/disaster waiver requests
  - Member Relief
  - Provider Relief
  - Other Efforts
- Staff have spent thousands of hours developing, submitting, and implementing waivers, state plan amendments, guidance, and monitoring tools
- This does not include hours spent on technical assistance to other states requesting information on our approach

Medical Assistance Division COVID-19 Response	
36	Approved Waivers
6	Approved State Plan Amendments
14	COVID-19 Special Letters of Direction to MCOS
7	COVID-19 Special Provider Supplements
391	Deliverables to the MCOs to monitor implementation or gather information

## What is EOC?

The State enacted the Emergency Operations Center (EOC) to support various emergency needs at the start of the pandemic. Within those needs, HSD led “Mass Care” which is tasked to ensure food, shelter and supplies are accessible to anyone in need.

## Snapshot of “Mass Care” and MAD in action

Number of MAD volunteers



Where volunteers packed food boxes for distribution



Pounds of food delivered to New Mexicans



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

In these difficult times, you can get health coverage. We are here to help.

During the Pandemic, **EVERYONE QUALIFIES** for coverage. We will help you get covered for free or at a low-cost to you.

**Start Here Do you qualify for Medicaid?**

Depending on your income and family size, you may qualify for Medicaid. To apply, call 1-855-637-6574 or apply online at the YES New Mexico portal.

1-855-637-6574  
yes.state.nm.us

**Are you eligible to enroll in a plan through beWellnm?**

If you don't qualify for Medicaid, you may now qualify for no or low-cost private insurance through beWellnm. If you have recently lost your job or seen a reduction in your income, call 1-833-862-3935 to see if you qualify for coverage.

1-833-862-3935  
bewellnm.com

**Another option: The New Mexico Medical Insurance Pool**

If you don't qualify for Medicaid or coverage through beWellnm, **everyone in New Mexico** can get coverage through the New Mexico Medical Insurance Pool. To request an application call 1-844-728-7896 or visit www.nmmip.org.

1-844-728-7896  
nmmip.org

No matter what, you can get covered.



**beWellnm**

THE PLACE TO SHOP, COMPARE AND BUY HEALTH INSURANCE. *Affordably.*

## How to qualify for coverage.

Federal Poverty Level (FPL), is a measure of income used to determine eligibility for Medicaid and the Children's Health Insurance Program (CHIP), as well as premium subsidies and cost-sharing reductions (cost-sharing subsidies) in the exchange, and other federal programs.

Light Blue = Could qualify for a discounted premium.

Blue = Could qualify for a premium tax credit and cost-sharing reduction.

Dark Blue = Could qualify for Medicaid coverage.

What is your monthly household income? (FPL – Federal Poverty Level)							
New Mexico Medical Insurance Pool	New Mexico Insurance Pool Coverage available if you cannot get covered through Medicaid or beWellnm Discounted premiums available for individuals with incomes under 400% FPL						
	beWellnm (Lawfully present immigrants who do not qualify for Medicaid)	beWellnm with Premium Assistance					beWellnm without Premium Assistance
MEDICAID HUMAN SERVICES DEPARTMENT	Medicaid for Kids (age 0-5)			Medicaid for Kids (age 6-18)			
	Medicaid for Adults (age 19-64)						
How many people are in your household?	0-100% FPL	138% FPL	139% FPL	240% FPL	300% FPL	400% FPL	Over 400% FPL
Individuals	\$1,064	\$1,468	\$1,469	\$2,552	\$3,190	\$4,256	\$4,256+
Family of 2	\$1,437	\$1,983	\$1,984	\$3,449	\$4,311	\$5,748	\$5,748+
Family of 3	\$1,810	\$2,498	\$2,499	\$4,344	\$5,430	\$7,240	\$7,240+
Family of 4	\$2,184	\$3,013	\$3,015	\$5,240	\$6,550	\$8,736	\$8,736+
Family of 5	\$2,557	\$3,529	\$3,530	\$6,137	\$7,671	\$10,228	\$10,228+
Family of 6	\$2,930	\$4,044	\$4,045	\$7,032	\$8,790	\$11,720	\$11,720+

The FPL amounts are valid through March 31, 2021. If you think you qualify or are unsure what you qualify for, give us a call so we can help!

MEDICAID  
HUMAN SERVICES DEPARTMENT  
1-855-637-6574  
yes.state.nm.us

beWellnm  
1-833-862-3935  
bewellnm.com

New Mexico Medical Insurance Pool  
1-844-728-7896  
nmmip.org

NMHSR 001 04/20



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# ENROLLMENT

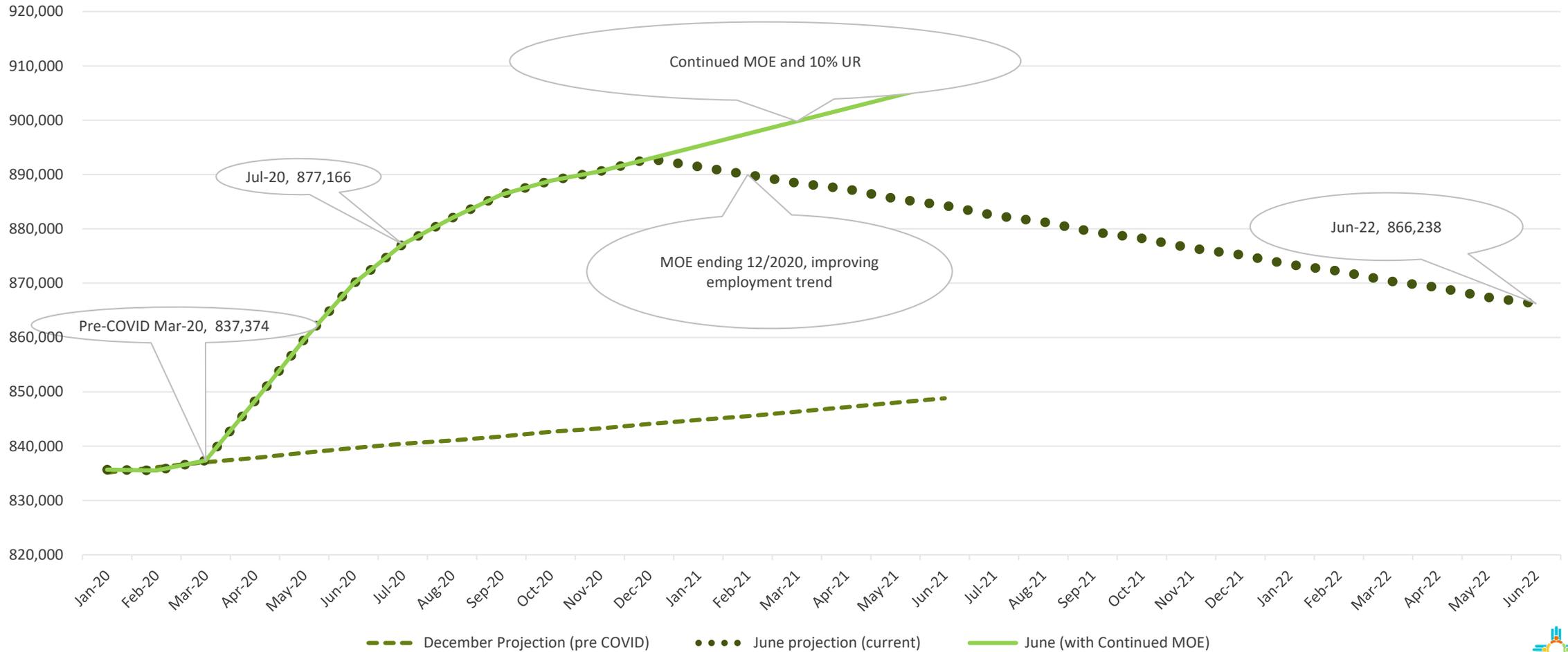
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# MEDICAID ENROLLMENT IN CONTEXT

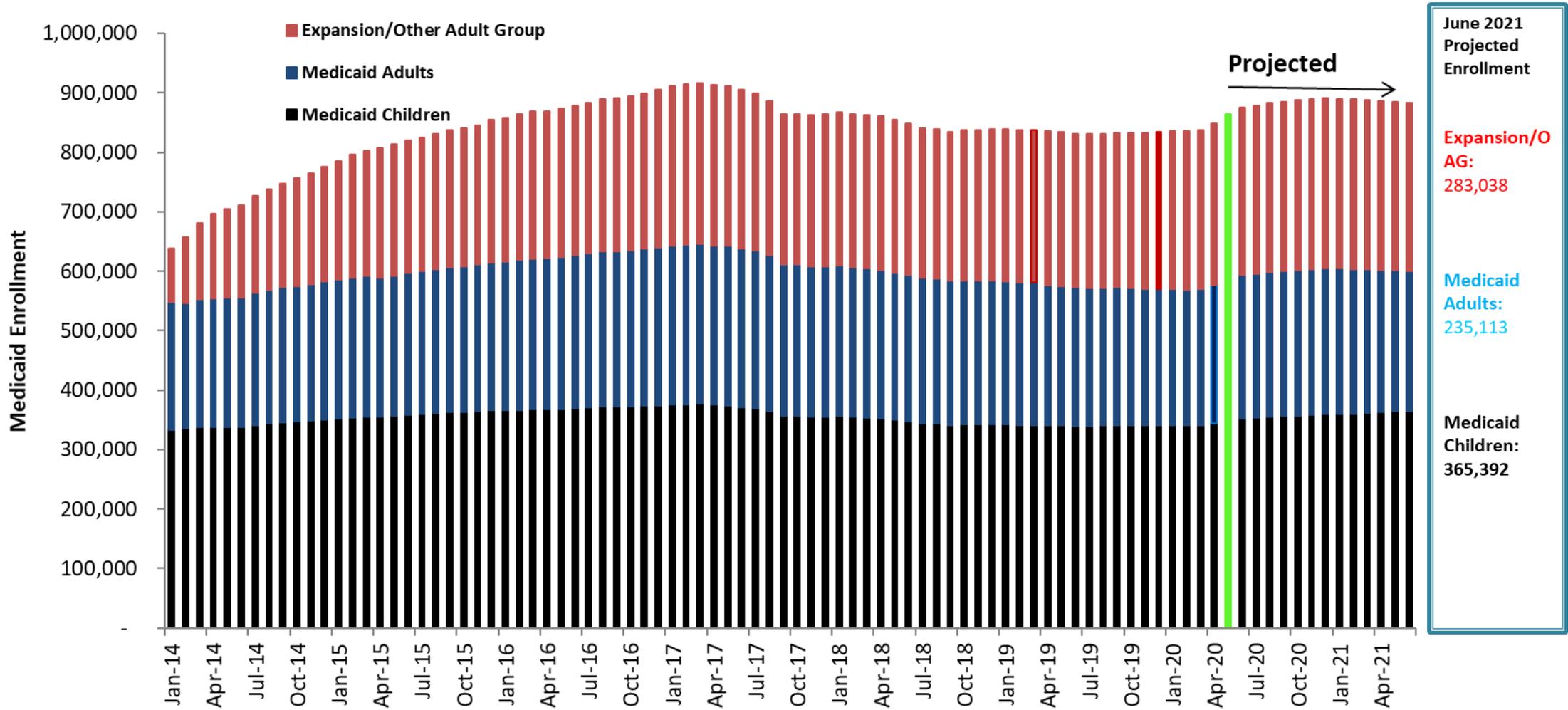
- 40% of all New Mexicans
  - 869,000 thousand total beneficiaries in June 2020
  - 884,000+ anticipated by June 2021
  - 82% are enrolled in managed care
- 43% of beneficiaries are children
  - 56% of New Mexico children are enrolled in Medicaid
  - 72% of all births in New Mexico are covered by Medicaid
- 6.7% overall growth in enrollment since 3/20/2020
  - 3.1% growth in Native American enrollment since 3/20/2020

# EVOLUTION OF ENROLLMENT PROJECTION

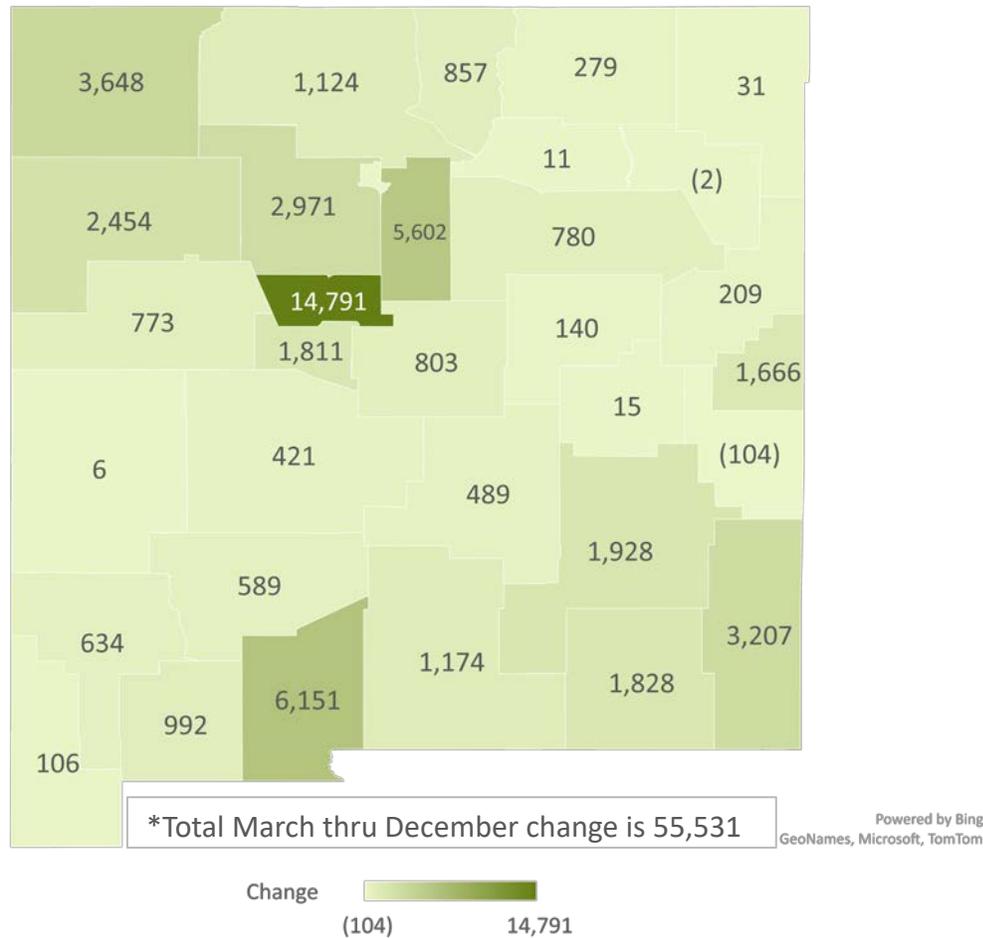
Pre and Post COVID Enrollment Projections



# NEW MEXICO MEDICAID ENROLLMENT



# MEDICAID ENROLLMENT GROWTH BY COUNTY (3/2020 – 12/2020)



- Checking in with the Burtons
  - Elena is missing her friends and school, so they decide to send her back to school under a hybrid model.
  - Emily is having anxiety about Jose and Elena being out and bringing home the virus – when she finds out she can schedule a behavioral health appointment over the phone so she doesn't have to find care for Tate or expose herself, she is again relieved.

Note: December enrollment data is based on the June 2020 data Budget Projection and distributed by county based on the July 2020 Medicaid Eligibility Report

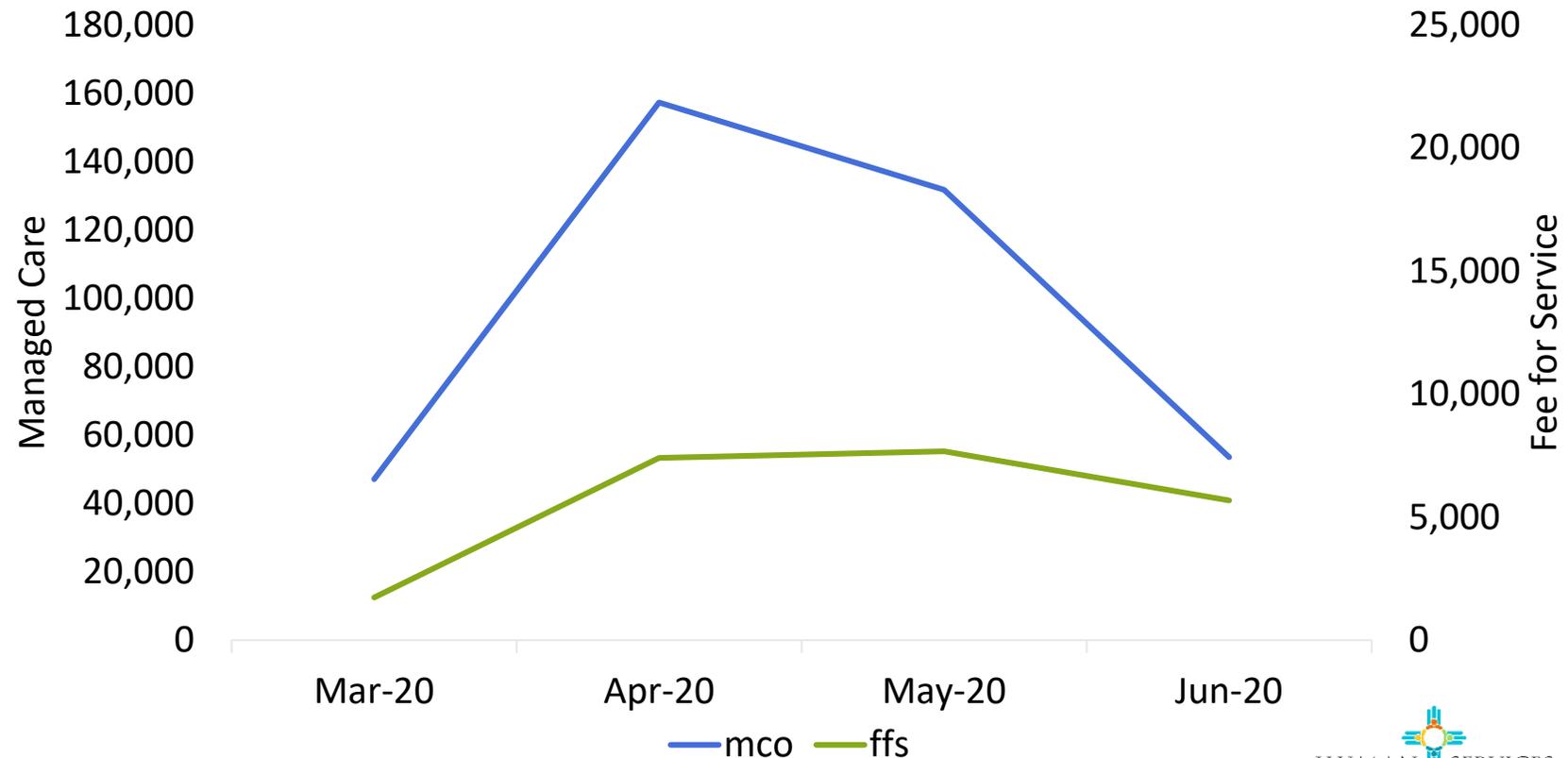
# MEMBER ACCESS

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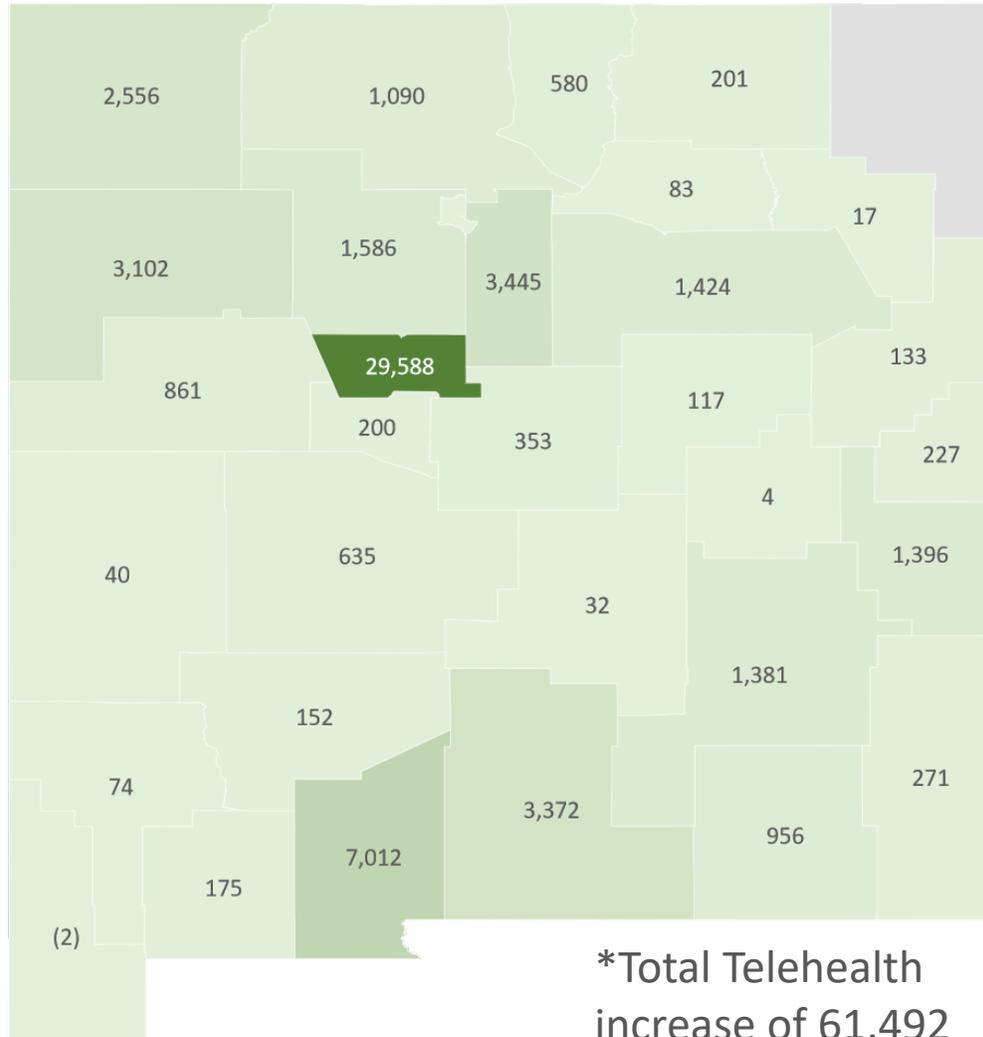
# EFFORTS TO ENSURE ACCESS DURING THE PHE

- Rapid deployment of telehealth flexibility
- Required MCOs to:
  - Provide immediate notice of closures or changes to network
  - Allow members to access covered services from out-of-network providers
  - Expedite payment of claims to providers acknowledging lost revenue and increased costs
- Monitor provider services
- Ensure adequate rates and retainers
- Drive through testing

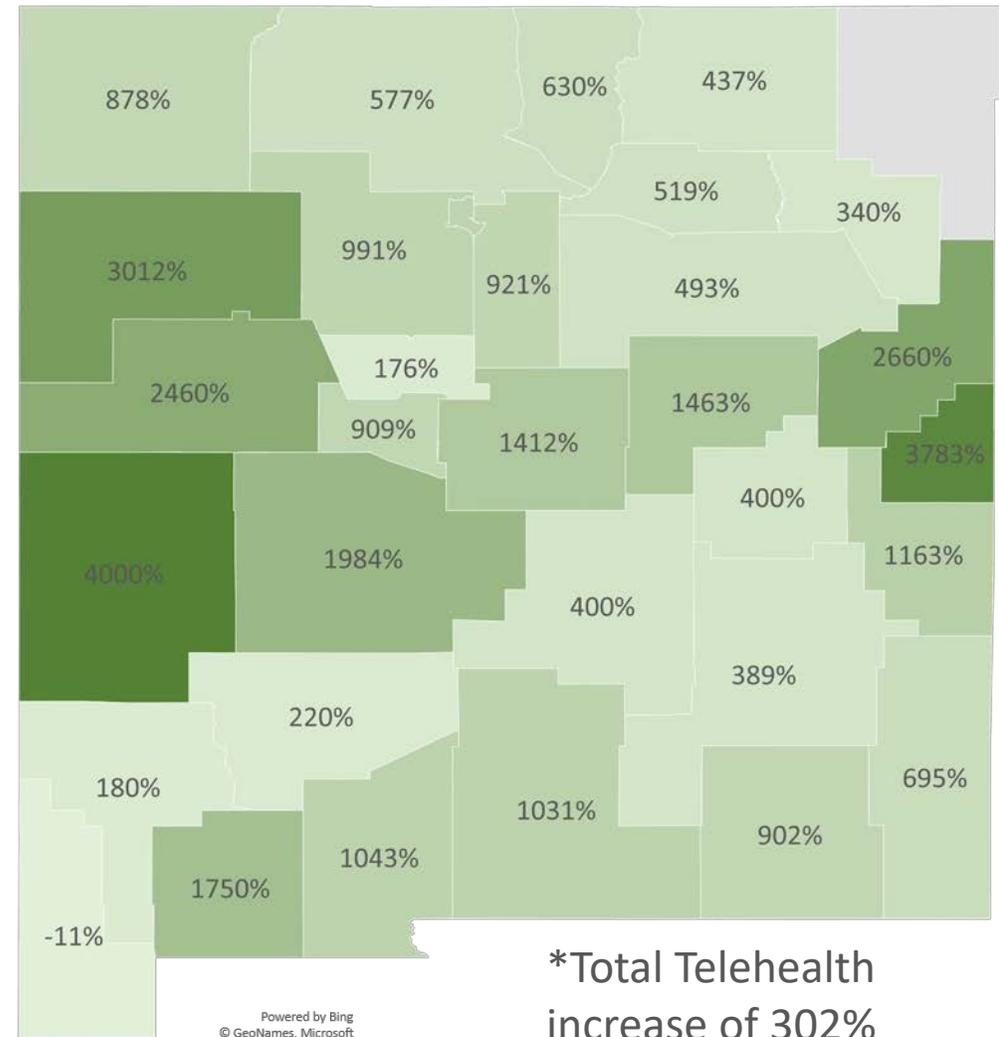
**NM Medicaid FFS and MCO Telehealth Utilization Counts**



# TELEHEALTH: GROWTH IN CLAIMS 2020 Q1 TO Q2



\*Total Telehealth increase of 61,492 claims statewide

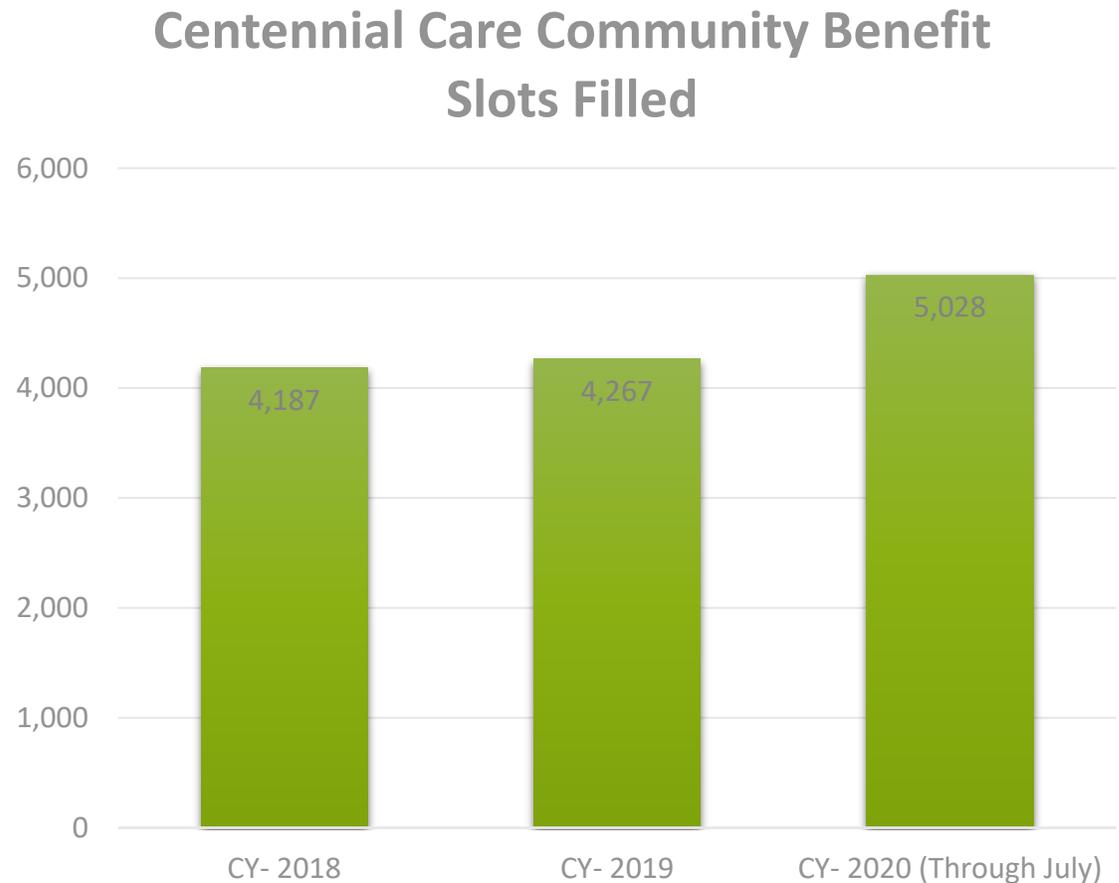


\*Total Telehealth increase of 302% statewide

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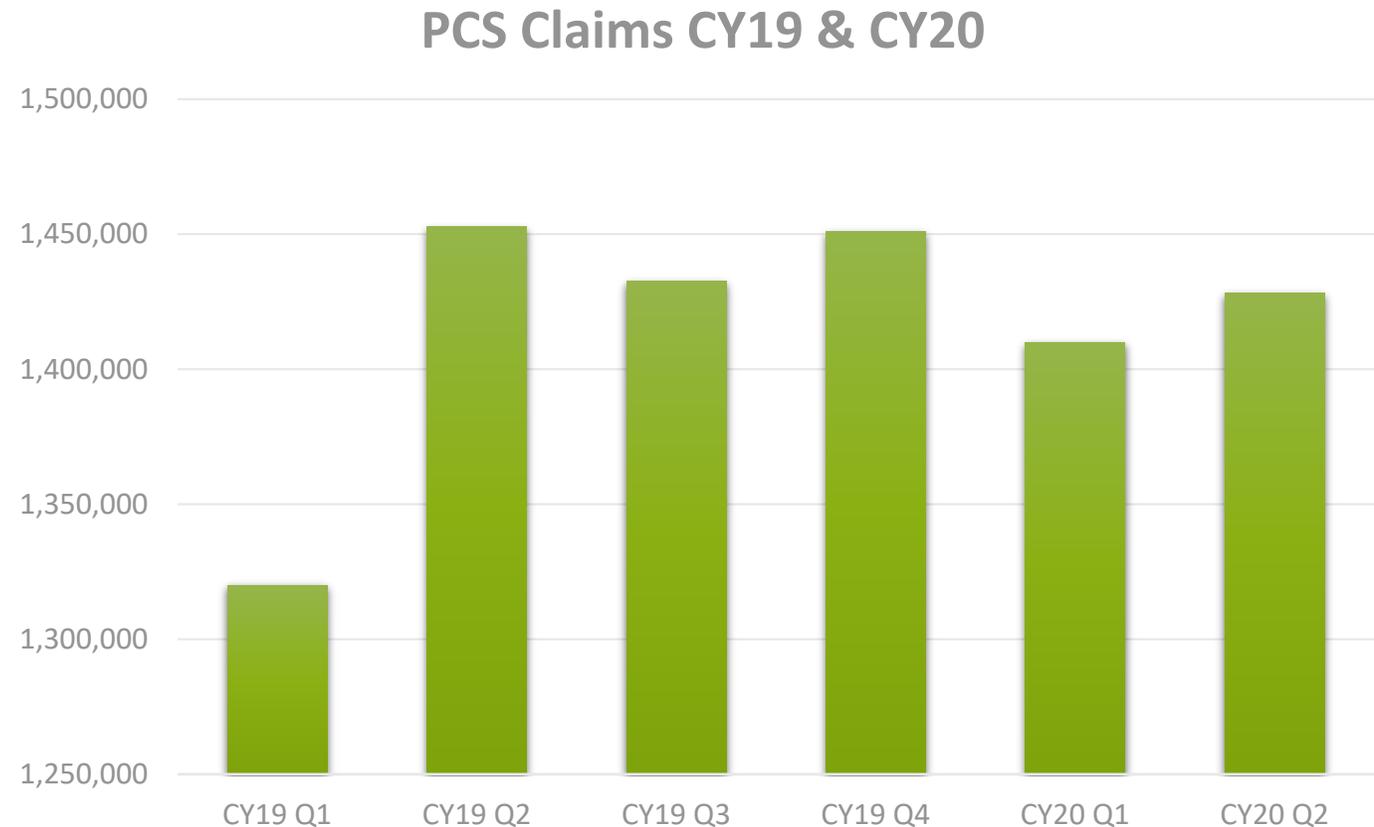
# LONG-TERM CARE

- 5,028 of 5,789 allocation slots for the Centennial Care CB are filled.
- 1/1/2021 – Complete implementation of Electronic Visit Verification (EVV) for Self-Directed Community Benefit
  - HSD and MCOs presented two training sessions to over 150 Nursing Facility staff in July 2020
  - Additional NF related training topics will be presented this fall

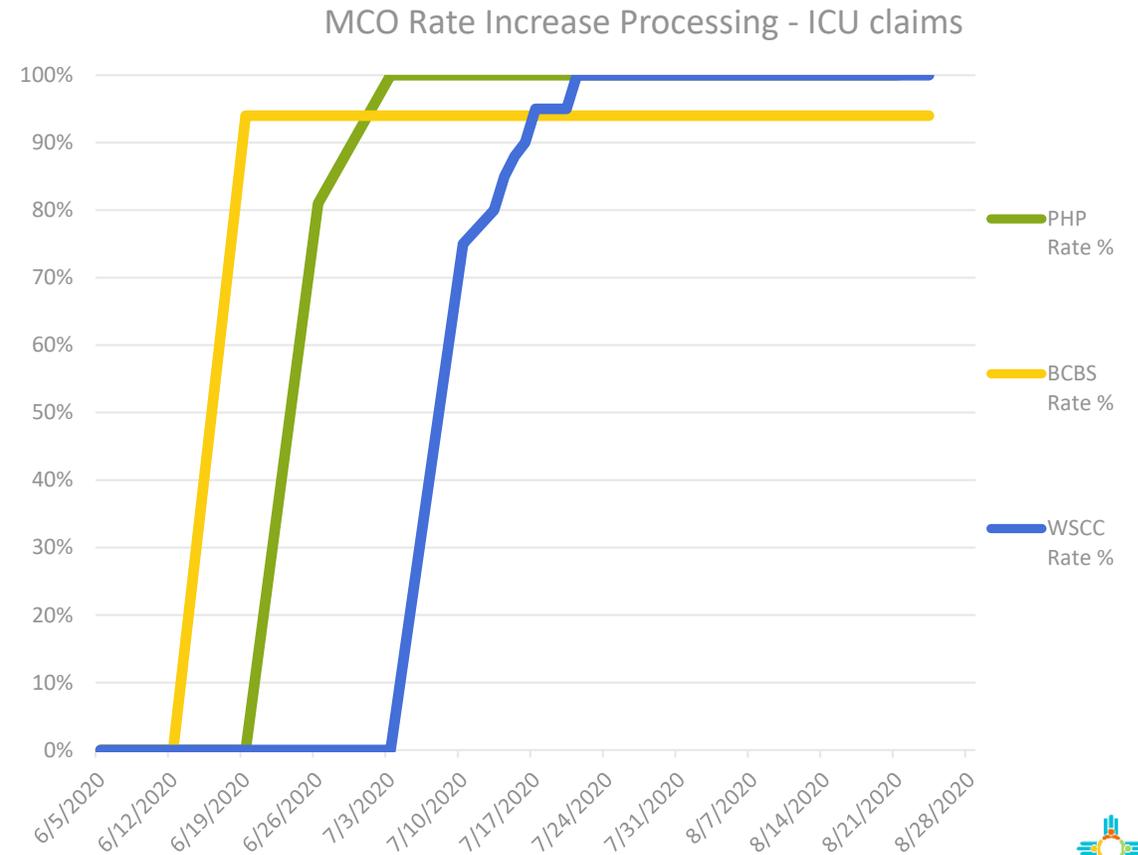
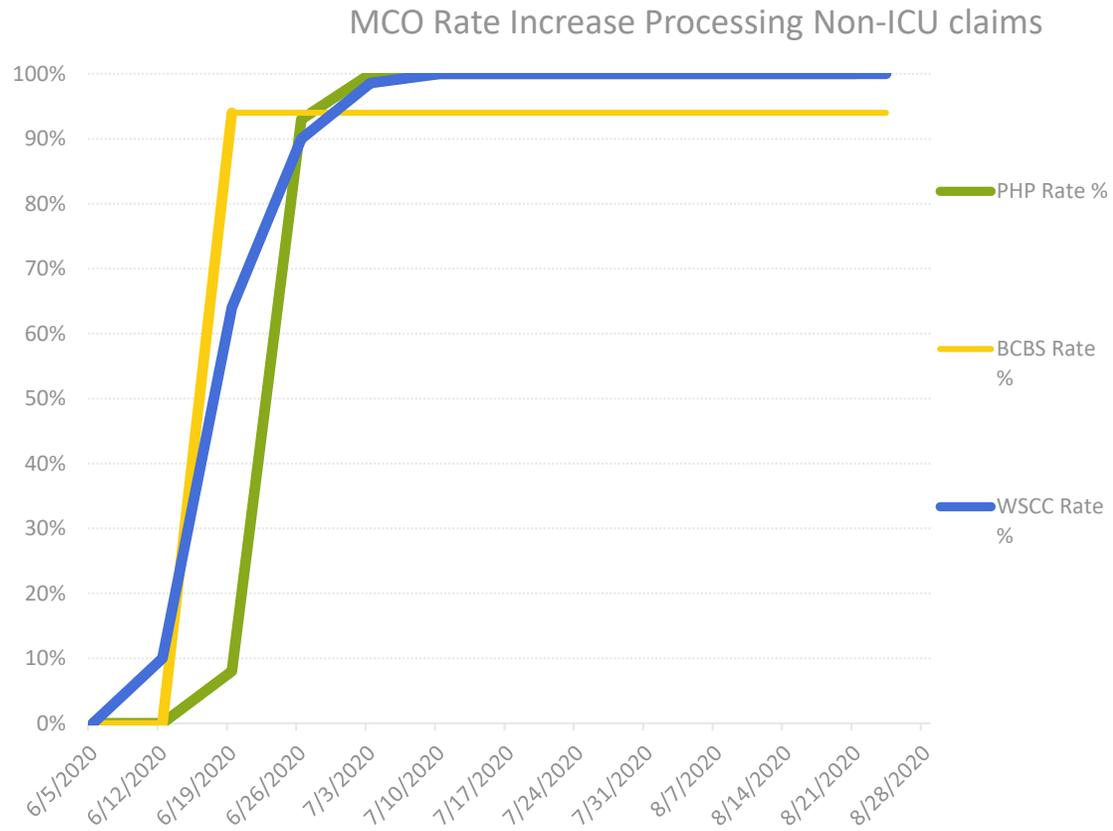


# LONG-TERM CARE: SERVICES AT HOME

- Centennial Care Community Benefit (CB) Services, including personal care services (PCS) have continued to be provided during the PHE
- PCS are monitored through the electronic visit verification (EVV) system



# ENSURING TIMELY PAYMENT: MCO COVID-19 HOSPITAL CLAIMS REPROCESSING



# UTILIZATION

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## ISSUES WITH REPORTING ACCURATE UTILIZATION DATA

- **Providers:** delays in claims submission due to disruption of pandemic.
- **MCOs:** delays in processing due to emergency programming for COVID related rate increases. Delays in financial reporting.
- **HSD:** less complete data to compare current data to last year.

*Comparisons of March – June as of August 13 should underestimate 2020 data when compared to 2019.*

# UTILIZATION ANALYSIS: COMPARES TOTAL ENCOUNTER VOLUME AND COST BASED ON AUGUST 2020 DATA

MCO Encounter Claim Volume and Amount					
(\$millions)	March	April	May	June	Sum
<b>2020 claims volume</b>	1,519,867	1,200,554	1,216,605	1,323,867	<b>5,260,893</b>
<b>2020 claims \$</b>	\$ 320.5	\$ 264.8	\$ 278.0	\$ 279.3	<b>\$ 1,142.6</b>
<b>2019 claims volume</b>	1,458,869	1,475,228	1,407,797	1,292,631	<b>5,634,525</b>
<b>2019 claims \$</b>	\$ 273.5	\$ 269.7	\$ 261.9	\$ 243.2	<b>\$ 1,048.3</b>
<b>% Δ Claim Volume</b>	4.2%	-18.6%	-13.6%	2.4%	<b><u>-6.6%</u></b>
<b>% Δ Claim Amount</b>	17.1%	-1.8%	6.1%	14.9%	<b><u>9.0%</u></b>

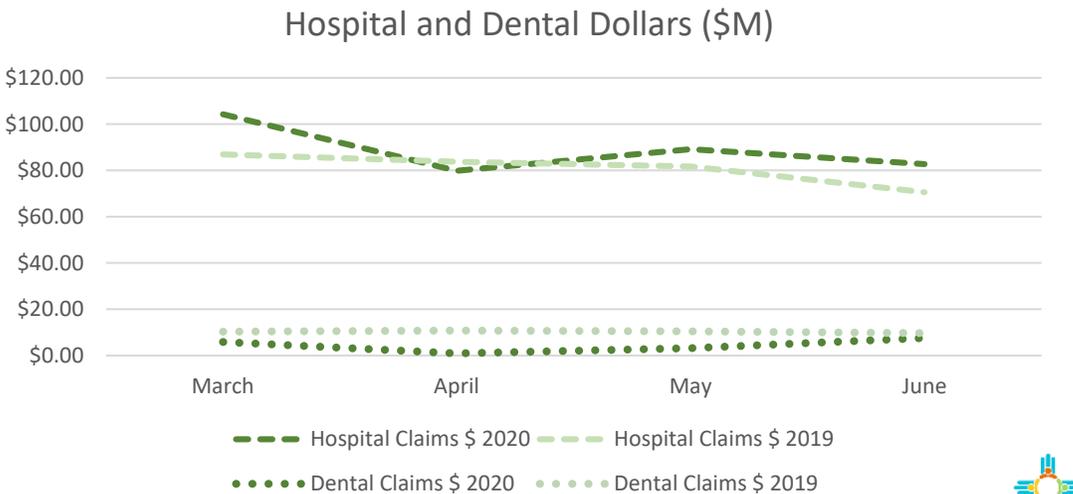
- The volume and amount of March 2020 encounters were 4.2% and 17.1% above prior year, closing a busy 1st quarter.
- April-May encounter volume dropped far below prior year, from the PHE.
- The resurgence by the end of May grew in June, increasing 2.4% above prior-year.
- The 2020 rate increases kept encounter cost above prior year, with the exception of April.
- The recent data (pulled August 13) show encounter activity trended up since April, especially in June.
- Yet overall encounter volume remains 6.6% below prior year March-June.

# UTILIZATION BY MEDICAL SERVICE CATEGORIES

Hospital and Dental Encounter Claims					
	March	April	May	June	Total
Hospital Claims 2020	102,839	62,275	73,565	87,410	326,089
Hospital Claims 2019	99,947	102,058	100,320	93,241	395,566
Change in Claims					-17.56%
Dental Claims 2020	31,483	4,689	17,290	42,869	96,331
Dental Claims 2019	53,557	56,214	53,583	50,301	213,655
Change in Claims					-54.91%



Hospital and Dental Encounter Claims \$ millions					
	March	April	May	June	Total
Hospital Claims \$ 2020	\$104.25	\$79.87	\$89.14	\$82.73	\$355.99
Hospital Claims \$ 2019	\$86.91	\$83.71	\$81.72	\$70.56	\$322.90
Change in \$					10.25%
Dental Claims \$ 2020	\$5.88	\$0.91	\$3.14	\$7.53	\$17.46
Dental Claims \$ 2019	\$10.32	\$10.80	\$10.42	\$9.66	\$41.20
Change in \$					-57.63%

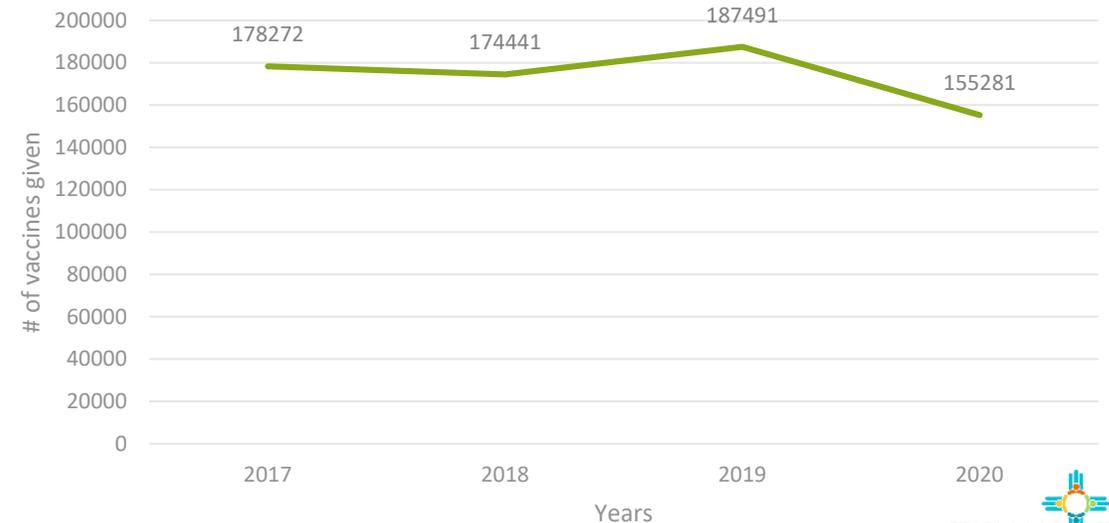


# MEDICAID CHILDHOOD IMMUNIZATION CAMPAIGN

- Vaccination compliance down by 17%
- Targeting parents/caregivers of babies 15 months old and younger to keep their babies up to date with their vaccines by attending well-child visits
- As of 8/20/20, the Childhood immunization/Centennial reward campaign sent/made:
  - 26,633 text messages
  - 1,614 emails
  - 1,800 calls



Vaccine Administered Comparison, 2017-2020  
(January 6-April 19)



# MEDICAID PROVIDER RATE INCREASES RELATED TO COVID

- In March, when major portions of hospital functions were closed, it was quickly identified that hospitals would face severe revenue shortfalls.
- In addition, other providers cited cost of care increases for PPE, electronic communications systems (e.g., for televisits and telecommuting staff).
- The Federal Government provided financial relief for some, but not all providers.
- HSD calculated that the temporary aggregate provider revenue shortfall would be ~\$65 M and submitted CMS waivers to increase provider payments.
- In the past, we have increased capitation rates to MCOs to cover the increased provider rates; in this case we did not.

# MAD COVID-19 RESPONSE: PROVIDER SUPPORT

- Over \$240M in temporary emergency provider relief (FY20)
- Hospital Providers
  - Advanced NM Hospitals through Disproportionate Share and Uncompensated Care Pool (previously Safety Net Care Pool) Funding
  - Providing temporary rate increase targeted at Inpatient Services
- Non-Hospital Providers
  - Telehealth
  - Retainer payments
  - Temporary targeted retroactive rate increases (Nursing Facilities, Assisted Living Facilities, Behavioral Health)
  - Temporary retroactive rate increases (uniform code-based increase to Medicare benchmark)
  - Pharmacy add-on
  - Non-Emergency Medical Transportation

# THE BURTONS TODAY

- Jose secured a new job but with a small business who can't offer benefits yet.
- They were worried the income would make them ineligible even though they are now behind on bills and need to catch up.
- They learn their coverage will continue until the end of the PHE which gives them time to get back on their feet and have peace of mind that their family is covered.
- They receive information about beWellNM which may be an option when it comes time to transition.



# HAVE A COVID-SAFE LABOR DAY



1

## CELEBRATE WITH YOUR HOUSEHOLD

In New Mexico, a gathering of more than 10 people is prohibited. If you must have guests, keep it small and ask if they follow COVID-safe practices.



2

## KEEP IT OUTSIDE

Outdoor gatherings are safer than indoor gatherings. Create separate dining spaces. Set out two tables for food: one for your household, one for your guest. Use disposable utensils, plates, and cups if possible.



3

## KEEPS HANDS CLEAN

Create a hand-washing station outside (with soap and paper towels), or ensure access to sanitizing wipes or hand sanitizer.



4

## PLACE GARBAGE BINS OUTSIDE

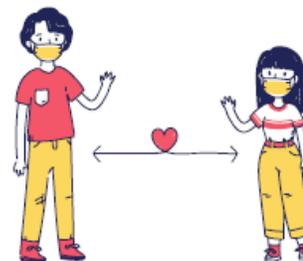
Encourage people to throw away their used cups, plates, and utensils.



5

## BRING YOUR OWN FOOD

Guests should bring their own food and drinks. No finger foods! Serving food directly from the grill is ok- the virus is killed by heat.



6

## STAY 6-FEET APART

Stay at least 6-feet apart from guests. Having a small number of guests and lower-volume music will help ensure you can participate in conversations.



7

## WEAR A MASK

Wearing a mask is one of the most important things you can do to keep yourself and others safe. Feel free to remove it when it's time to eat!

# QUESTIONS

*Investing for tomorrow, **delivering today.***

# APPENDIX

*Investing for tomorrow, delivering today.*

# COVID-19 RESPONSE ADDITIONAL INFORMATION

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# MAD COVID-19 RESPONSE: REDUCING ADMINISTRATIVE BURDEN AND FINANCIAL SUPPORT FOR PROVIDERS

- Over \$120 million in provider relief (e.g. hospital & nursing facility increase, E&M codes, pharmacy add-on)
- Suspending sanctions for non-compliance with HIPAA when providing telehealth services
- Easing provider enrollment and re-enrollment requirements
- Temporarily ceasing revalidation of in-state providers
- Waiving in-state licensure requirements when out-of-state provider holds similar, valid license in another state
- Allowing facilities to provide services in Alternative Care Sites (Albuquerque, McKinley and San Juan Areas)
- Requiring expedited claims payments by MCOs to ensure health care providers are paid as quickly as possible
- Requiring MCOs to provide same level of reimbursement for out-of-network care for Medicaid members
- Suspending prior authorization requirements for specific services
- Extended existing prior authorizations for duration of the public health emergency
- Temporarily suspending supervision requirements for home health agencies

# MAD COVID-19 RESPONSE: PROTECTING AND EXTENDING ACCESS TO COVERAGE AND CARE FOR NEW MEXICANS

- Allowing coverage of COVID-19 testing for all uninsured New Mexicans (100% federally funded)
- Expanding types of entities able to provide Presumptive Eligibility Determinations for new Medicaid enrollees
- Suspending automatic eligibility redeterminations for current Medicaid enrollees
- Ceasing suspension of Medicaid enrollees' benefits when they have been incarcerated for more than 30 days
- Increasing telehealth and phone visit options (Physical/Speech/Occupational Therapies and Behavioral Health)
- Allowing Medicaid enrollees more time to file appeals and request Fair Hearings
- Allowing payment for certain services provided by family caregivers or other legally responsible individuals
- Suspending recertification requirements for patients to receive home and community-based care
- Relaxing restrictions on early prescription refills
- Coordinating outreach and education with beWellnm, NM Medical Insurance Pool, and Office of Superintendent of Insurance

# MAD COVID-19 RESPONSE: OTHER EFFORTS

- Assisting ALTSD with food distribution to pueblos
- Incorporated Tribal affiliation in high-risk call campaign for additional care planning actions
- Partnered with DOH on response to assist homeless and assisting with placement and oversight in hotels that are accepting the hotel vouchers
- Actions to ensure food security for all members, with enhanced efforts toward high risk members
- Worked to permit and implement drive-through COVID-19 testing/screening
- Initiated outbound call campaign to high risk members to coordinate needs
- Outreach to all Members under age 21 who are accessing EPSDT or Community Benefits to identify additional needs, including personal care services and respite
- Increased nurse advice line capacity and opened specialized COVID-19 line
- Assist DOH with Crisis Call Line overflow
- Text campaign to notify members they can use rewards points for household goods and masks
- Coordinated coverage campaign and materials with all state coverage entities

# MCO REPORTING ON COMMUNITY BENEFIT (CB) SERVICES DURING THE PHE

## Decreased Utilization

- Adult Day Health services due to decreased capacity, authorizing other services such as PCS or Respite
- Environmental modifications due to Members not wanting contractors in homes during the PHE
- Therapy (PT, OT, SLP) when providers closed temporarily at start of PHE, encouraged telehealth as appropriate

## Increased Utilization

- Requests for emergency response services
- Authorization for Respite services
- Start Up Goods, allowing for additional time to purchase due to PHE

## No Significant Change

- Assisted Living Facility utilization
- Personal Care Services
- Private Duty Nursing
- Transportation

# COVID-19 TEMPORARY EMERGENCY MEDICAID PROVIDER RATE INCREASES

Waiver Type	Policy Change	Reflected in the Budget Projection	Estimated Total Cost	Estimated GF Cost
			(millions)	(millions)
Appendix K for HCBS	Retainer Payments for PCS services (1 quarter)	NO	\$0.0	\$0.0
Appendix K for Mi Via, Med Frag & DD Waiver	Increase assistive technology budget from \$250.00 to \$500.00 (1 quarter)	NO	\$0.03	\$0.01
	Support waiver participants (personal care) in an acute care hospital or short-term institutional stay (DD waiver, Med Frag waiver, and Mi Via Waiver) (1 quarter)	NO	-	-
	Increase rates for supported living, intensive medical living, family living (DD waiver) (1 quarter)	YES	\$9.1	\$1.9
Disaster SPA	Delayed reconciliation of SBHC cost reports for FFY18	YES	\$0.0	\$0.0
	EMSA – to cover COVID-19 testing	YES	\$1.9	\$0.5
	COVID-19 testing uninsured group for uninsured beginning 3/18	YES	\$1.3	\$0.0
	Targeted Access Payments (Disaster SPA)	YES	\$16.8	\$3.5
	Hospital Access Payments	YES	\$57.6	\$12.1
	Advance payment of DSH for first 2 quarters of 2020	YES	\$16.4	\$3.5
	DRG ICU 50% rate increase (1 quarter) for 201 Acute Care Hospitals	YES	\$50.6	\$7.1
	DRG inpatient stays 12.4% rate increase (1 quarter) for 201 Acute Care Hospitals	YES	\$16.2	\$2.3
	12.4% rate increase (1 quarter) for providers 202-205	YES	\$3.5	\$0.6
	30% rate increase to short term skilled & custodial nursing facility services for COVID-19 + patients (1Q)	YES	\$6.7	\$1.4
	30% rate increase for Assisted Living Facilities (ALFs) for COVID-19 positive patients (1 quarter)	YES	\$0.06	\$0.01
	\$1 rate increase to pharmacies for curbside pickup (1 quarter)	YES	\$1.9	\$0.3
	Other Provider Rate Increases (1 quarter)	YES	\$13.1	\$2.4
	Managed Care	Increase non-emergency ground transportation (NEMT) rates (1 quarter)	YES	\$1.6
E&M/Non E&M/Medicaid only rate increase (1 quarter)		YES	\$36.6	\$6.3
	Targeted Access Payments (Regular SPA)	YES	\$7.2	\$1.5
	<b>TOTAL Medicaid Costs</b>		<b>\$240.5</b>	<b>\$43.8</b>

# DID MCOS RECEIVE A “WINDFALL” FOR CALENDAR YEAR QUARTER 2?

- HSD did not pass on any rate increase to MCOs when it set provider rates higher for:
  - Hospital DRG increase for inpatient and ICU admissions = \$66.8 M
  - Non-hospital providers to 98% of Medicare = \$36.6M
  - NFs = 30% add-on for COVID positive admissions
  - ALF = 5% increase
  - PACE = 5% increase
  - Home and Community Based Waiver rate increases
  - Retainer Payments for PCS services
  - \$1 Dispensing Fee Increase for Curbside Pick Up (30% take-up)
  - Telehealth: rate = to face-to-face visit for duration of emergency

# RECENT UNDERWRITING GAIN (“PROFIT MARGIN”) FOR CENTENNIAL CARE

	A	B	C	D	E
<b>Final 2017</b>	-5.1%	0.6%	4.5%	3.5%	N/A
<b>Prelim. 2018</b>	-5.4%	-0.3%	1.3%	1.3%	N/A
<b>DRAFT 2019</b>	-11.9%	N/A	0.8%	N/A	-6.1%

- Medicaid capitation rates nationally include an amount for margin of up to 3%
- Milliman reported an average Medicaid underwriting gain of over 2% for 2014 and 2015 and less than 1% each year since then.
- New Mexico Medicaid capitation rates reflect an assumption of 1.25% to 2.25% gain
- HSD Centennial Care MCO contracts include an underwriting gain cap that returns half of all gains above 3% back to the state.
  - No MCOs are expected to hit this limit for 2018 or 2019.
  - There is no similar limit or sharing of MCO losses.

# UTILIZATION ANALYSIS OF PROVIDERS SINCE LAST PROJECTION

- Study compared March-May MCO encounter and FFS claims to prior year.
- Encounter data cover 77 different provider types:
  - 44% show negative impacts (fewer claims, less paid)
  - 36% show positive impacts (more claims, more paid)
  - 22% show mixed impacts
- FFS data cover 70 provider types:
  - 50% show positive impact
  - 26% show negative impact
  - 24% show mixed impact
- In total providers show lower claim volume for March-to-May 2020 than prior year:
  - 248,826 fewer encounter claims
  - 135,590 fewer FFS claims
- \*Data is preliminary and will require further run out for completion

# LONG-TERM CARE

- HSD Community Benefit (CB) services monitoring activities during the PHE:
  - April: MCOs to review all (CB) children's care plans and work with families re additional services were needed due to school closures.
  - Monthly: Long-Term Care Workgroup Meetings with all MCOs to identify, discuss and resolve issues.
  - Weekly: Collaboration with the NM Association for Home Health and Hospice including presentations at virtual conferences.
  - Monitoring availability of caregivers during the pandemic through MCO deliverables, critical incidents and claims data.

# MEDICAID COVID-19 RESPONSE: FEDERAL WAIVERS & AUTHORITIES

Authority	Effective Date	Expiration Date
§1135 Waiver	March 1, 2020	October 23, 2020 or the date the PHE ends as declared by HHS; whichever date comes first.
SPA 20-0004; Expand Presumptive Eligibility Determiners	March 1, 2020	October 23, 2020 or the date the PHE ends as declared by HHS; whichever date comes first.
SPA 20-0005; Inpatient Hospital Rate Increases (50% for ICU and 12.4% for all other inpatient stays)	April 1, 2020	October 23, 2020 or the date the PHE ends as declared by HHS; whichever date comes first
SPA 20-0007; Coverage of COVID-19 Testing Group for Uninsured	March 18, 2020	October 23, 2020 or the date the PHE ends as declared by HHS; whichever date comes first.
SPA 20-0009 Nursing Facility Rate Increases applied when treating COVID-19 patients	April 1, 2020	October 23, 2020 or the date the PHE ends as declared by HHS; whichever date comes first.
Appendix K Mi Via, Med Frag & DD Waivers	January 27, 2020	January 26, 2021
Appendix K HCBS 1115 Waiver	January 27, 2020	January 26, 2021

# KEY DATES FOR TERMINATION: COVID-19 WAIVERS

Authority / Provision	Effective Date	Termination Date
<b>Medicaid Disaster SPA</b>	March 1, 2020 or any later date elected by state	Expires at the end of PHE or any earlier approved date elected by state
<b>CHIP Disaster SPA</b>	Start of state or federally declared emergency	Expires at the end of PHE or at state discretion before end of PHE. <sup>1</sup>
<b>Appendix K</b>	Jan 27, 2020 or any later date elected by state	Expires one year from the effective date or any earlier approved date elected by the state. However, end dates cannot extend beyond one year from the last day of the month in which the President signed the proclamation of a national emergency (March 31, 2021).
<b>Medicaid &amp; CHIP 1135 Waiver</b>	March 1, 2020	Expires at the end of PHE
<b>1115 COVID Demo</b>	March 1, 2020 or any later date elected by state	Expires no later than 60 days after end of PHE
<b>Emergency IT Funding</b>	Date of state's emergency IT funding request letter	There is no termination date for this authority, and it is not tied to PHE. Existing regulation further requires that the state submit an APD within 90 days of state's emergency IT request letter. The formal approval of scope, timeline and funding is accomplished through the APD process.
<b>FMAP – 6.2% Enhancement</b>	January 1, 2020	Expires the last day of the calendar quarter in which the PHE ends. (States must adhere to the 6008(b) of FFCRA).
<b>Continuous Coverage Tied to 6.2% Enhanced FMAP</b>	March 18, 2020	Expires the last day of the month in which the PHE ends
<b>Optional COVID Testing Group</b>	March 18, 2020	Expires at the end of PHE. No FMAP is available for testing or testing-related services provided for those in COVID-19 testing group after the PHE ends.

# KEY DATES FOR TERMINATION: CONDITIONS FOR COVID-19 ENHANCED FMAP

- 6.2 percentage point increase for FMAP is effective January 1, 2020 and expires the last day of the calendar quarter in which the PHE ends.

FFCRA 6008 (b) Conditions for 6.2 percentage point increase for FMAP	Termination Date
Maintenance of Effort (standards, methodologies, procedures) - 6008 (b)(1) of FFCRA	Expires the <u>last day of the calendar quarter</u> in which the PHE ends.
Premium Restrictions - 6008 (b)(2) of FFCRA	Expires the <u>last day of the calendar quarter</u> in which the PHE ends.
Continuous Coverage - 6008 (b)(3) of FFCRA	Expires the <u>last day of the month</u> in which the PHE ends.
Coverage of, and Cost sharing Exemption for, COVID-19-related Testing and Treatment - 6008 (b)(4) of FFCRA	Expires the <u>last day of the calendar quarter</u> in which the PHE ends.

# SYSTEM IMPACTS

ITEM	Implementation	STATUS
Enhancements to NMHSD's integrated eligibility and enrollment system to support emergency federal waiver changes to prevent loss of Medicaid coverage, extension of fair hearing requests, and increasing presumptive eligibility capabilities.	June 30, 2020	Implemented
Reversal of enhancements to NMHSD's integrated eligibility and enrollment system once the public health emergency is over Reversal of enhancements to NMHSD's integrated eligibility and enrollment system once the public health emergency is over.	Within 30 days of the end of the public health emergency or expiration of federal waivers	Not Started
Enhancements to NMHSD's Medicaid Management Information System to support emergency federal waiver changes to enroll providers, process and pay claims to providers, and provide services to the uninsured.	June 30, 2020	Implemented
Reversal of enhancements to NMHSD's MMIS once the public health emergency is over.	Within 30 days of the end of the public health emergency or expiration of federal waivers	Not Started
Laptops, mobile devices, and other equipment necessary to support teleworking for NMHSD's eligibility staff.	September 30, 2020	In Process
Microsoft Enterprise Mobility licenses to support remote and no-touch deployment of laptops, mobile devices, and other equipment necessary to support teleworking for NMHSD staff	September 30, 2020	In Process
Additional storage and compute capacity for NMHSD's eligibility system to handle the projected increase in applications for Medicaid and enrollees in Medicaid.	December 31, 2020	In process

# NATIVE AMERICAN ENROLLMENT

Native American Medicaid Population							
Month of Count	Total Native American Enrollment	FFS			MCO		
		Full Benefit	Partial Benefit	Presbyterian	Western Sky	BCBS	Total MCO
Mar-20	127,445	58,854	9,845	37,370	3,477	17,899	58,746
Apr-20	128,926	59,508	9,696	37,995	3,513	18,214	59,722
May-20	130,359	60,229	9,530	38,481	3,552	18,567	60,600
Jun-20	131,444	60,591	9,451	38,937	3,604	18,861	61,402
March to June Change	3,999	1,737	-394	1,567	127	962	2,656
% Change	3.1%	3.0%	-4.0%	4.2%	3.7%	5.4%	4.5%

# MCO COVID-19 EFFORTS

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western sky  
community care

**COVID-19**  
SUPPORT

During the Public Health Emergency, Western Sky Community Care has gone beyond provision of health services to address direct needs (such as housing, food insecurity and domestic violence), while also working towards systematic change in the areas where long-term effects from the pandemic are anticipated (such as education). Meeting the community where they are.

WSCC has focused its response in three (3) areas: MCO Operations; Delivery System Support; and Community Support.

### MCO OPERATIONS



Waived Prior Authorization Requirements and Extended Authorizations for Current Services

Implemented Provider Rate Increases as Directed by New Mexico HSD

Expanded Telemedicine Capabilities

Executed Member and Provider COVID-19 Informational Text Campaign

On-going Virtual Member Engagement

Drive Through Member Resource Events

### DELIVERY SYSTEM AUGMENTATION



Augmented DOH Hotline Capacity -- 14k calls answered

18k PPE Distributed to Rural Providers

Arranged Testing in Tribal Communities

Provided 156 Evening Meals to Rural Providers and Hospital Systems

Donated 150 Laser Thermometers

150 Smart Phones and 3 Month Data Plan Cards Distributed Through Community Agencies

### COMMUNITY SUPPORT



\$250k to support educational support for 8k students experiencing homelessness

\$10k Emergency Rent Support

6k Meals Provided

6k Gallons of Water Provided

3k Pandemic School Supplies Distributed

1k Senior Kits Distributed

500 Family Engagement Kits Distributed

\$50k Community Foundation Micro Grants

# BLUE CROSS BLUE SHIELD COVID-19 EFFORTS

BCBSNM worked collaboratively with HSD to implement the state's 1135 Waiver Requirements, State Plan Amendments and other supplements that aim to enhance access to Medicaid benefits during the public health emergency and provides additional funding to approved states via increased Federal Medical Assistance Program (FMAP).

## Providers

- Simplified the process of joining our network during the COVID-19 emergency
- Provided our CareVan to CHRISTUS St. Vincent Medical Center to help staff prepare and store supplies while conducting drive-through testing

## Members

- Contributed \$1M to aid in NM COVID-19 response through our BCBSNM COVID-19 Community Collaborative Grant Fund
- Enhanced digital communications, including creating COVID-19 webpages and resources
- Conducted proactive outreach to high-risk members
- Supplied food boxes to high risk Members
- Delivered diapers, wipes and formula to medically fragile members
- Community Paramedicine collaborated with primary care providers to provide telehealth visits for high risk members requiring a hands-on physical assessment and communication regarding the members current condition
- Donated supplies and essential items to the Navajo Nation and Laguna Pueblo
- Supplied wood to families on the reservations who use wood stoves for cooking

## Employees

- Launched the employed Clinician Volunteer Program to support employees who are medical clinicians volunteering for patient care in their field
- Deployed over 95% of staff residing in NM to work from home. Allowing flexible schedules for employees to balance work/home life



# PRESBYTERIAN HEALTH PLAN EFFORTS TO SUPPORT MEMBERS IN COVID-19

- Completed over **35,000** outbound calls to high-risk members in addition to over **60,000** required Centennial Care 2.0 care coordination touchpoints since mid-March. Outbound calls are intended to offer support, answer questions and identify food and personal hygiene needs.
- Incorporated Tribal affiliation in high-risk call campaign for additional targeted care planning actions including cultural considerations
- Provided members and providers information and support on accessing national AA virtual forums to continue to provide support for those in recovery
- Actively promoted telephonic and telehealth options for providers including member outbound call campaign to encourage continuity of care
- Community Health Workers (CHW) delivered food from Presbyterian Healthcare Services Food Pharmacy, and assisted homeless and others with food and other resources obtained through local food pantries
- Developed a home monitoring program for COVID-19 positive members to recover in their homes
- Developed 14-day meal delivery program for COVID-19 positive members with food insecurity to support self-isolation
- Supplied **5,940 gallons** of hand sanitizer to facilities, medical providers, first responders and community staging areas at Gallup Indian Medical Center (GIMC), Northern Navajo Medical Center, Mescalero, Jicarilla, Crownpoint, Alamo, Pine Hill and Canyoncito Band of Navajo facilities
- Supplied **1,080 gallons** of hand sanitizer to the Pueblo Relief Fund to distribute to all Pueblos
- Collaborated with personal care services (PCS) agency to support development and execution of their disaster plans exclusive of risk stratification criteria to ensure our most vulnerable members are prioritized.
- Worked with Aging and Long-Term Services Dept. (ALTSD) to support Members' safe transitions of care from nursing facility to home.
- Performed outreach to Members to identify food insecurity needs and submitted that list directly to ALTSD to minimize call volumes experienced by ALTSD while still ensuring food boxes are delivered as appropriate.
- Collaborated with personal care services agencies to support the development and execution of disaster plans to ensure our most vulnerable members are prioritized.
- Provided meals to frontline staff at Plains Regional Medical Center (Clovis), Rust Medical Center (Sandoval County), Presbyterian Hospital, Kaseman Hospital, and San Juan Regional Hospital (Farmington).
- Developed Regional Resource Guide to community services in collaboration with multiple state agencies

# CENTENNIAL CARE

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# CONTRACT DEVELOPMENT UNIT

- Contract Amendment 2 completed April 1, 2020.
- Managed Care Policy Manual currently under revision with estimated October 1, 2020 completion date.
- Contract Amendment 3 Kickoff: September 7, 2020.

# CENTENNIAL CARE: REFORMING MEDICAID

## Principle 1

Creating a comprehensive delivery system

Build a Care Coordination infrastructure for Members with more complex needs that coordinates the full array of services in an ***integrated, person-centered model of care***

### Care Coordination in Calendar Year 2019

- 808 Care Coordinators
- 43,247 Members in Care Coordination L2 and L3 (CCL2 and CCL3)
- 5,720 Native Americans in Care Coordination CCL2 and CCL3

### Assessments and touchpoints completed in Calendar Year 2019

- Health Risk Assessments (HRAs): 30,536 completed within contract timeframes
- Comprehensive Needs Assessments (CNAs): 28,285 completed within contract timeframes
- In-person touchpoints: 17,149 completed within contract timeframes
- Telephonic touchpoints: 42,883 completed within contract timeframes
- Focus on high cost/high need Members

### Care Coordination Delegation implemented

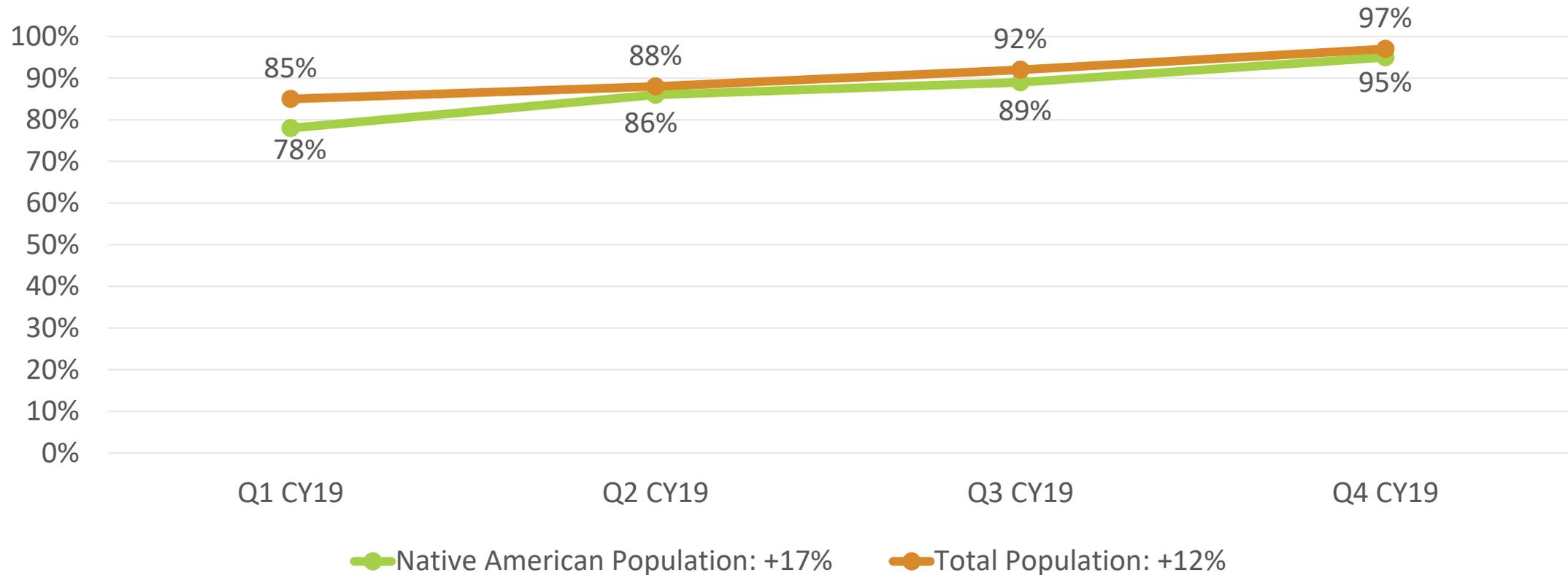
- Transition more Care Coordination functions to the provider level and advance Value-Based Purchasing in Calendar Year 2019
- 664 Members accessing services through Full Delegation Model
- 105 Members accessing services through the Shared Functions Model

### Engaging Unable to Reach (UTR) and Difficult to Engage (DTE) Members

- 5601 HRAs completed with UTR and DTE Members
- 302 CNAs completed with UTR and DTE Members

# CENTENNIAL CARE: REFORMING MEDICAID

## CY19 Percentage of HRAs Completed Timely - Newly Enrolled



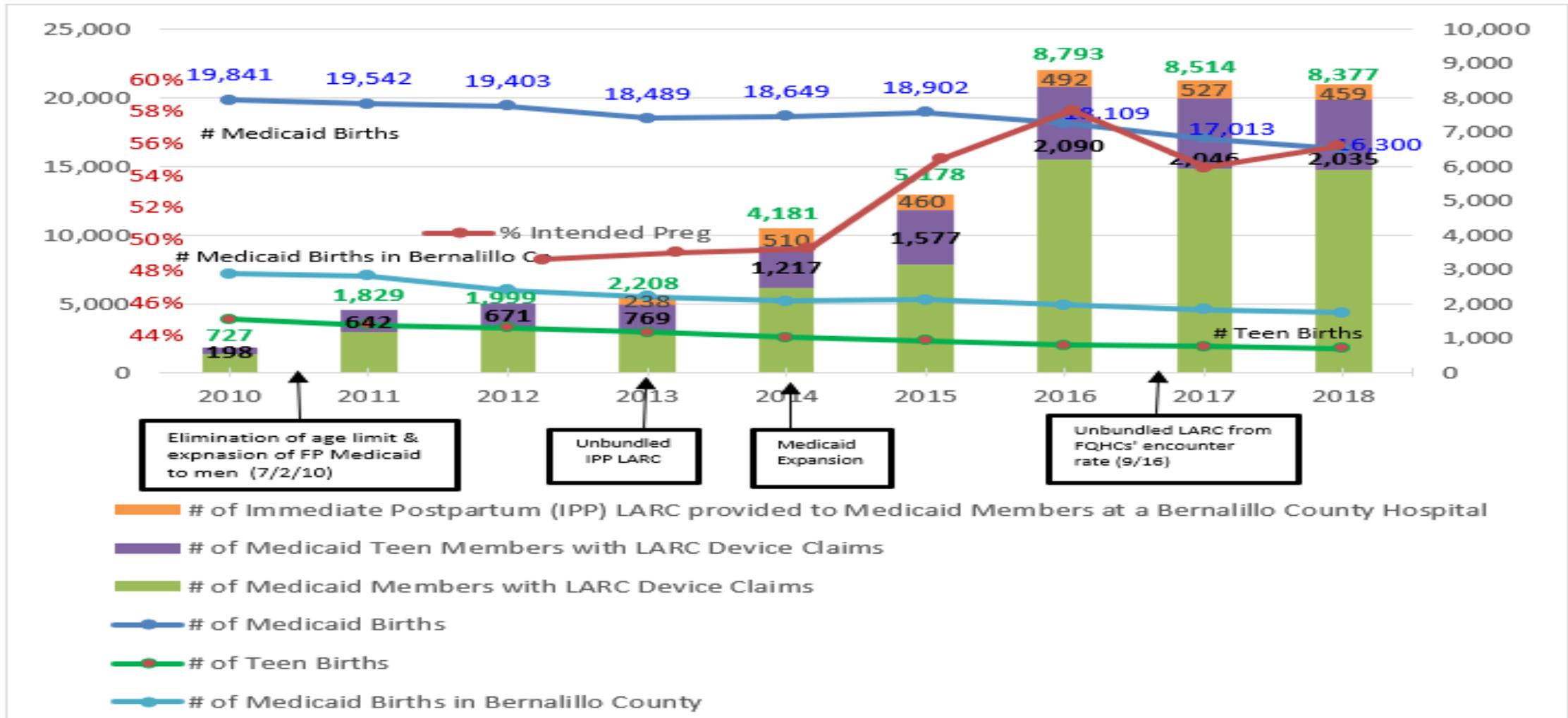
# MCO MARKETING AND OUTREACH

- Centennial Add Campaign which includes Banners and TV-Radio ads.
- Commercial Sales Team created a communication for employer groups and brokers that provides coverage options for individuals that are losing commercial coverage. This communication aligns with the HSD flyer which outlines the following options: Medicaid, Exchange and the High Risk Pool.
- Medicaid outreach staff attended the PE training in May to expand their ability to facilitate the Medicaid application process. This enables PHP to be responsive to referrals received from our commercial sales team when notified of individuals that are losing employer sponsored coverage. Lastly, our Native American Affairs team coordinates with tribal leaders and programs as needed, focusing efforts in the northwest quadrant of the state.
- Drive Thru Grocery Giveaway
- Several Virtual Enrollment events and Virtual Baby Shower events
- Thanksgiving Drive Thru Grocery Giveaway

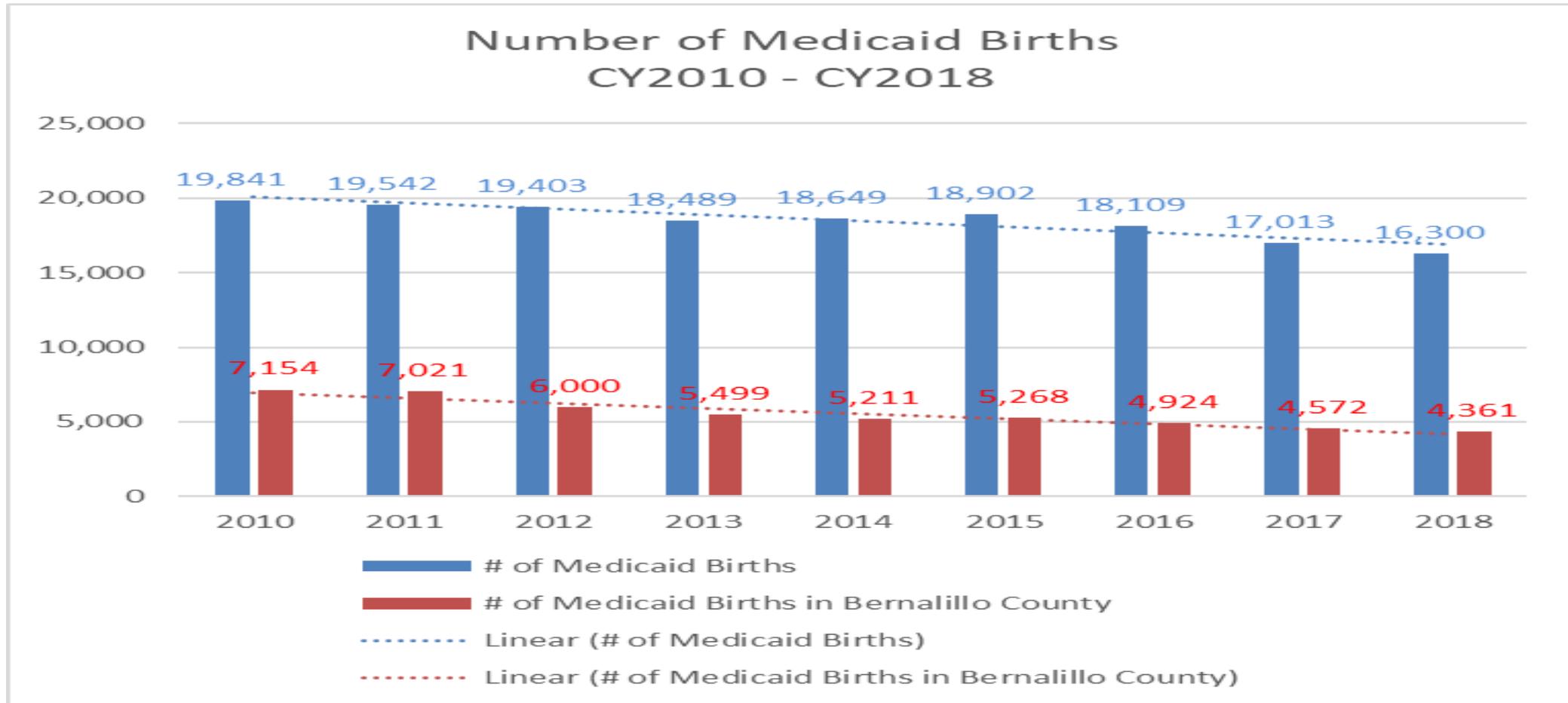
# MATERNAL AND CHILD HEALTH

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# REPRODUCTIVE HEALTH ACCESS OF MEDICAID MEMBERS

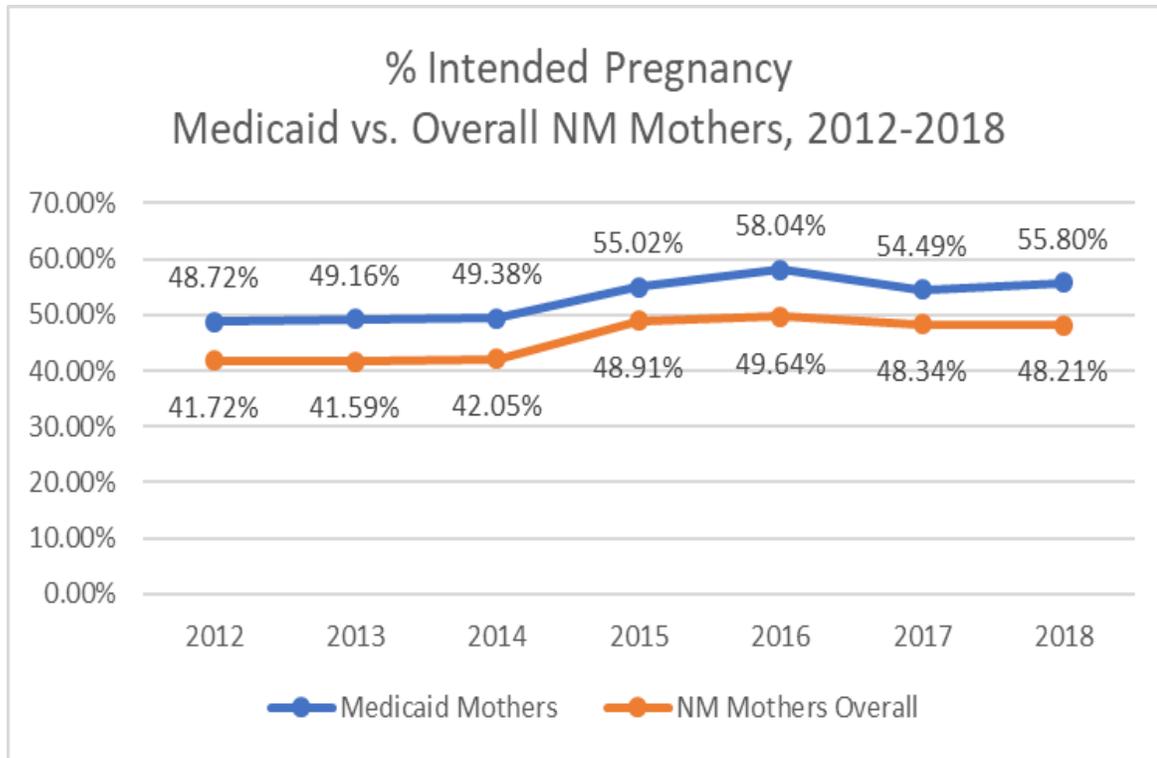


# TREND OF MEDICAID BIRTHS (NM & BERNALILLO COUNTY)

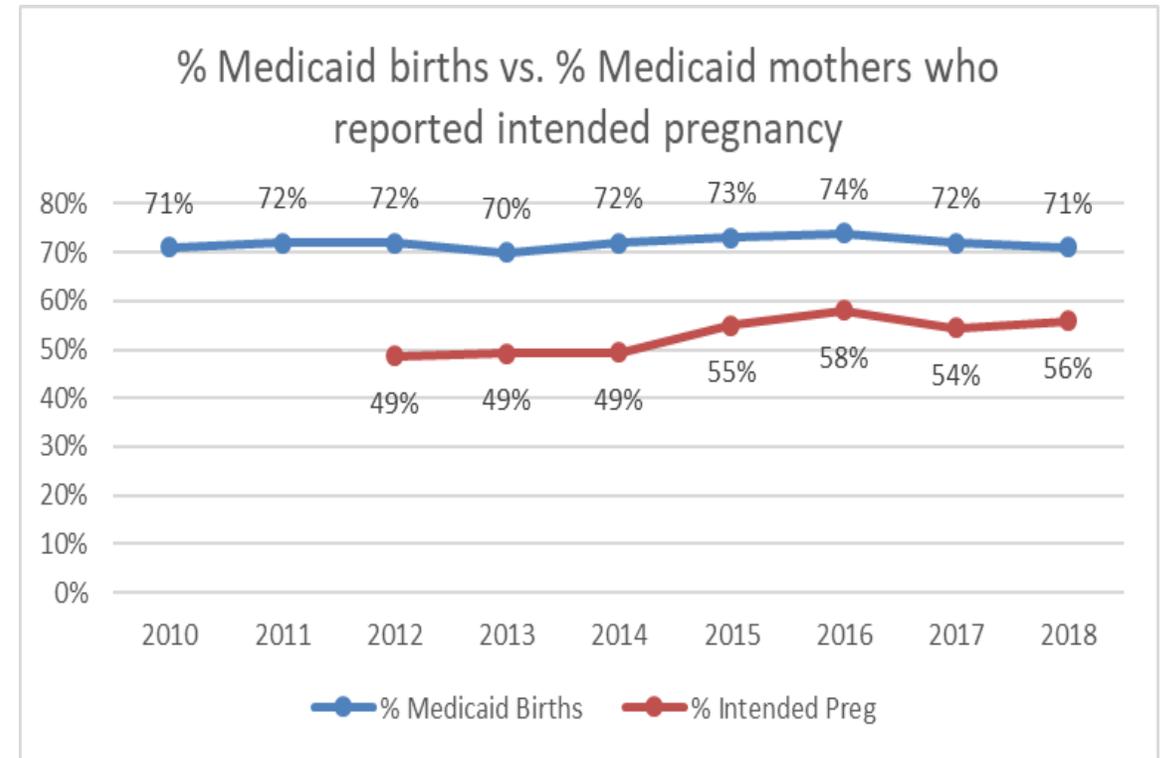


# TRENDS OF MEDICAID BIRTHS

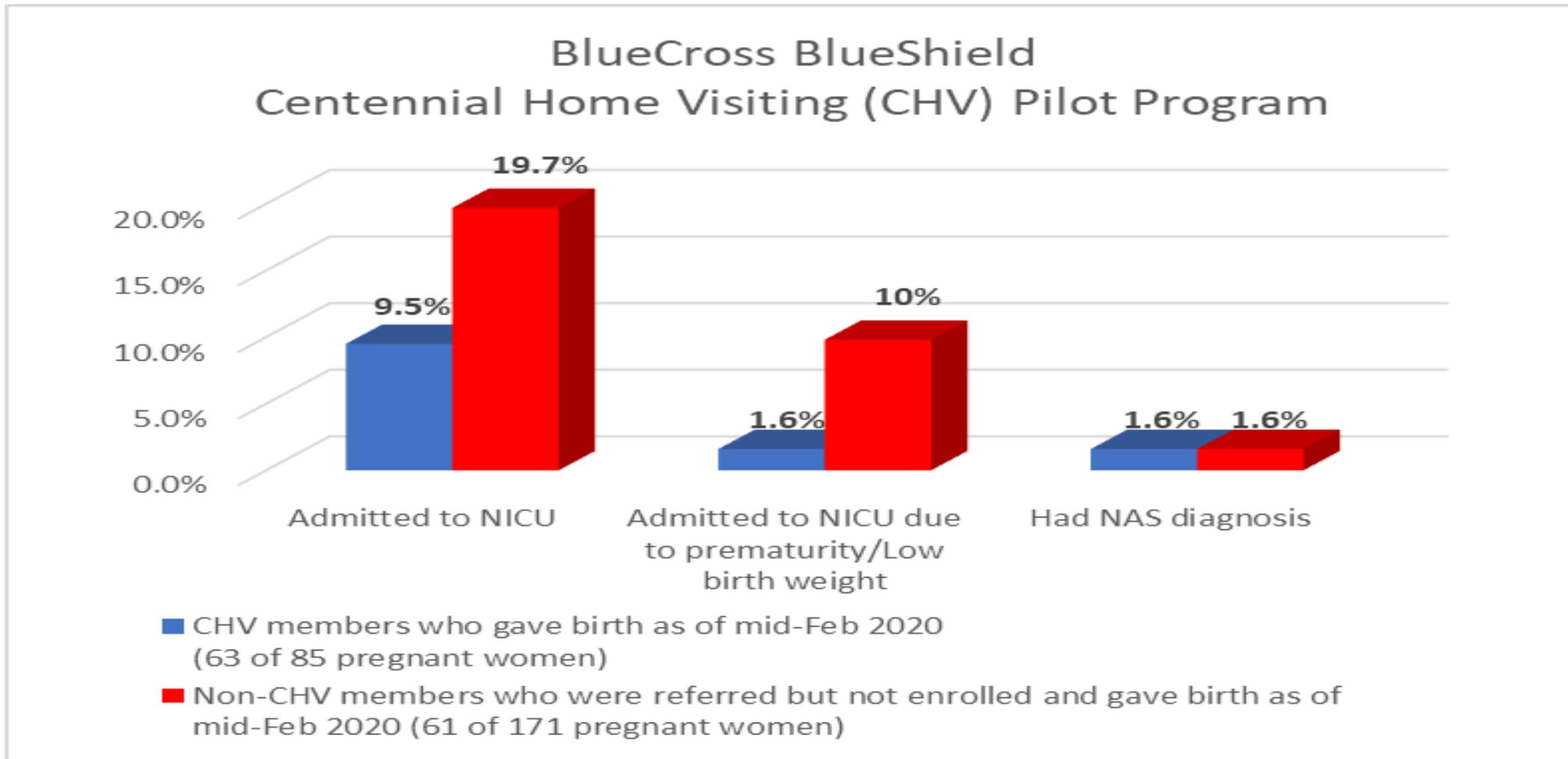
## PREGNANCY INTENTION (MEDICAID VS. OVERALL NM MOTHERS)



## % MEDICAID BIRTHS VS. % MEDICAID INTENDED PREGNANCY



# THE CENTENNIAL HOME VISITING PILOT PROGRAM



# NM MEDICAID'S TOP TWO SUCCESSES IN REDUCING IMMUNIZATION BARRIERS IN TEENS AND PREGNANT WOMEN PRIOR TO COVID-19 PANDEMIC

- Approval of Medicaid IAPD by the Centers for Medicare and Medicaid (CMS) to fund an upgrade to NMSIIS and hire health educators for NMDOH.
- NM Medicaid Immunization Data Trends

Immunization Type	Vaccination Rates	
	2017	2018
Flu Vaccinations for Pregnant Women***	17%	28%
Flu Vaccinations for Adults*	43%	47%
Tdap for Pregnant Women***	45%	60%
Tdap/Td for Adolescents**	80%	84%
HPV for Adolescents**	29%	35%

\*Consumer Assessment of Health Care Providers & Systems (CAHPS) Report

\*\*Healthcare Effectiveness Data and Information Set (HEDIS) of Medicaid Managed Care Organizations

\*\*\*Medicaid claims data query of pregnant women categories of eligibility

# SUPPORTS WAIVER

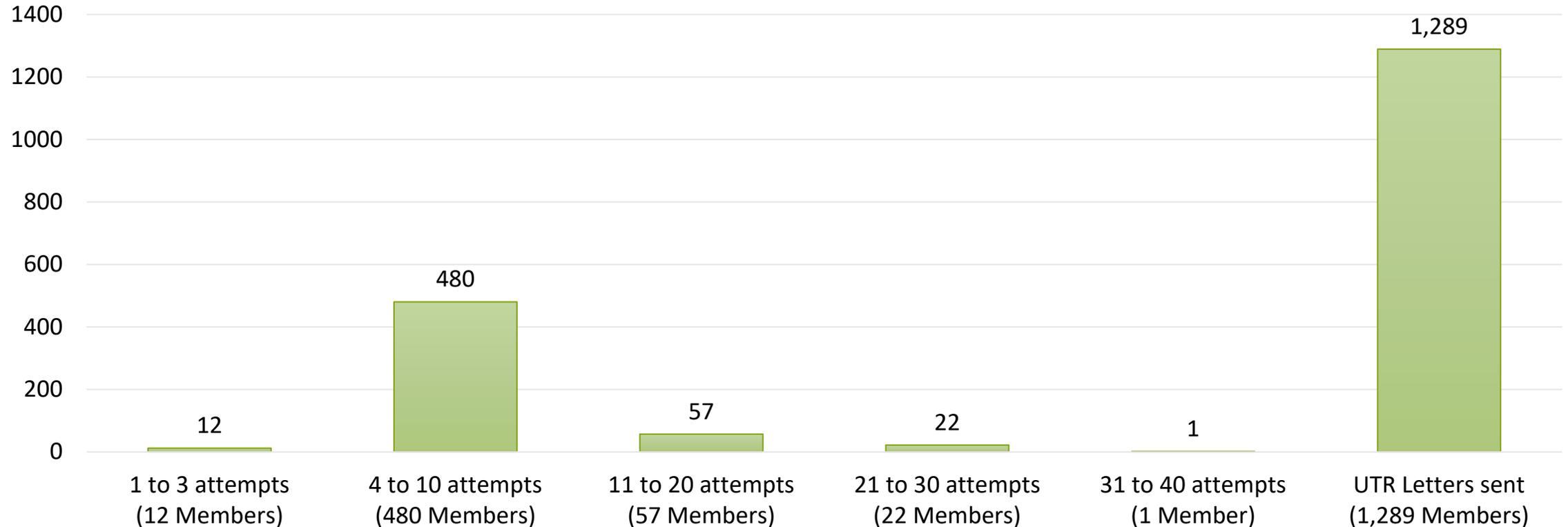
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# 1915 (C) HOME AND COMMUNITY-BASED WAIVERS

- Federal approval for the Supports Waiver effective 7/1/2020 – 6/30/2025
  - On 8/14/2020, DOH Developmental Disabilities Services Division released 1,000 Supports Waiver offers to individuals on the **DD Waiver Waitlist**.
  - Up to \$10,000 per year available to cover participant's services.
  - Available services: assistive technology, behavior support consultation, customized community supports, employment supports, environmental modifications, personal care, non-medical transportation, vehicle modifications, and respite.
- Awaiting CMS approval to continue the Mi Via Waiver effective 10/1/2020 – 9/30/2025
  - As of June 2020, there are approximately 1,800 participants.

# CENTENNIAL CARE: REFORMING MEDICAID

**MCO Outreach to Unable to Reach (UTR) and Difficult to Engage (DTE)  
Developmental Disabilities (DD) Waitlist Members October 2019 thru June 2020**



Members on the Developmental Disabilities (DD) Waitlist who are Unable to Reach (UTR) or Difficult to Engage (DTE) have been a focus of the MCOs. The above chart details how many telephonic outreach attempts the MCOs have made to DD Waitlist Members and how many follow-up letters have been sent.