



HUMAN  
SERVICES  
DEPARTMENT



# LEGISLATIVE HEALTH AND HUMAN SERVICES (LHHS) HOME HEALTH

NICOLE COMEAUX, JD, MPH – NEW MEXICO MEDICAID DIRECTOR  
OCTOBER 25, 2021

*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.



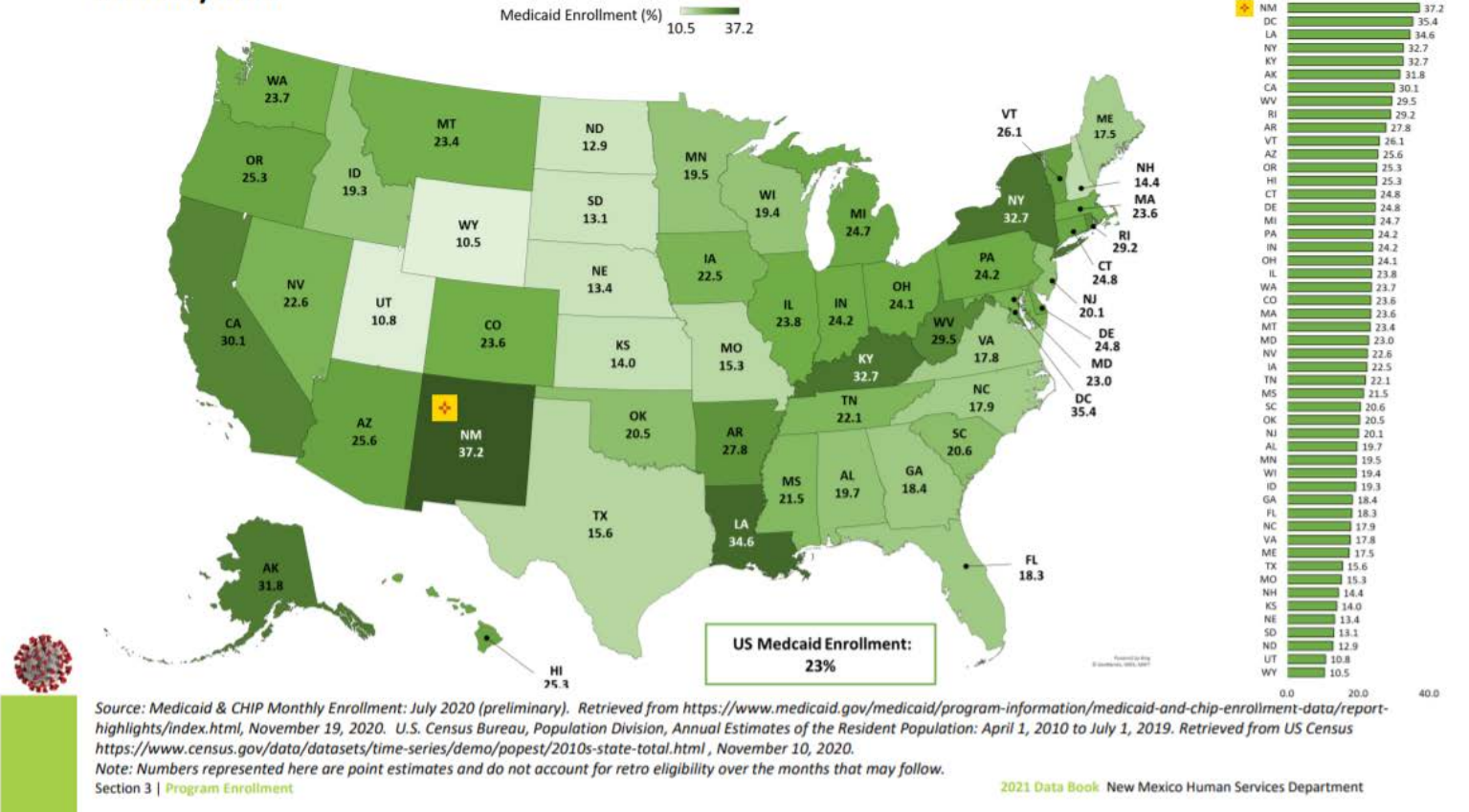
## We support EACH OTHER

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

# GUIDING MEDICAID PRINCIPLES

- NM has the highest population percentage covered by Medicaid, which creates a greater NM HSD responsibility to our healthcare market and to fair payments
- HSD aims to optimally leverage federal funds to improve the health of New Mexicans, while maintaining strict compliance with the law

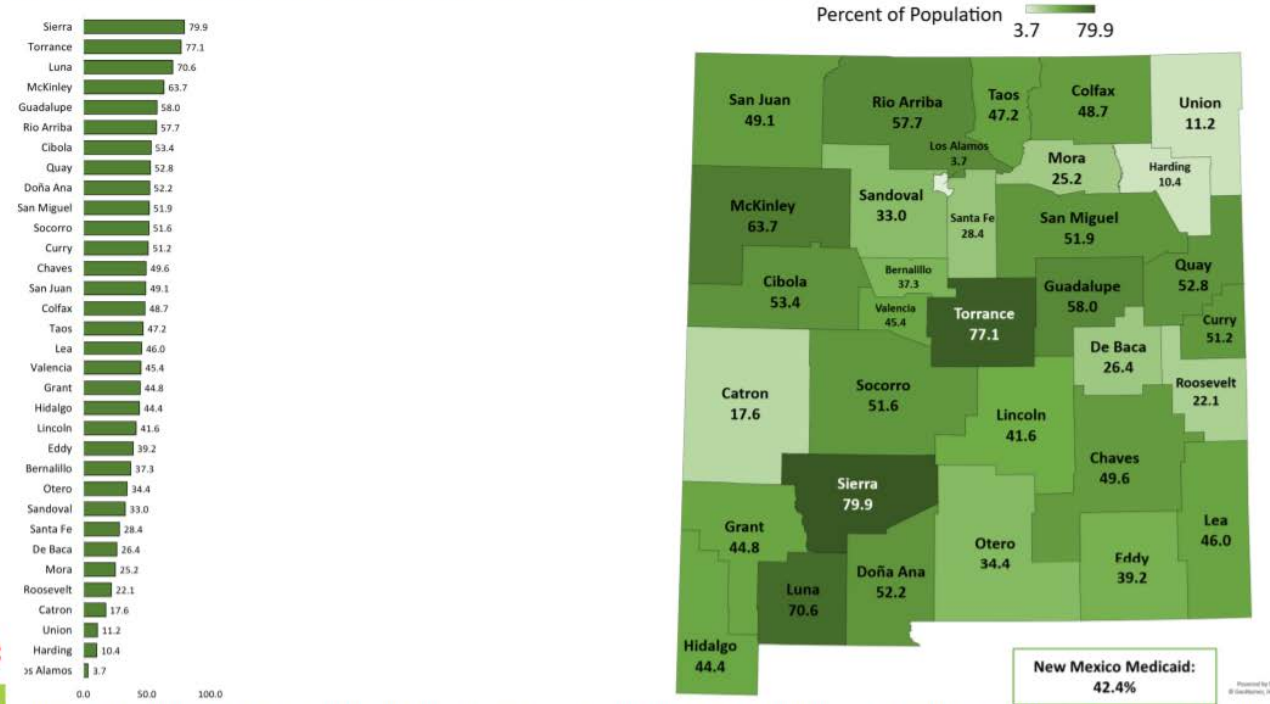
U.S. Medicaid and CHIP Recipients (Comprehensive Coverage Only) as a Percentage of Population by State as of July 2020



# MEDICAID ENROLLMENT PROJECTION IN CONTEXT

- 937,200 total beneficiaries in June 2021
- 957,600 anticipated by December 2021
- 82% are enrolled in managed care
- 46% (up from 40% pre-COVID) of all New Mexicans are enrolled in Medicaid
- 43% of beneficiaries are children
- 62% (up from 56% pre-COVID) of New Mexico children are enrolled in Medicaid
- 71% of all births in New Mexico are covered by Medicaid
- \$7.5 billion annual budget

**New Mexico Medicaid & CHIP Recipients as a Percentage of Population by County as of October 2020**



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from <https://www.census.gov/quickfacts>, December 10, 2020.  
 Note: Data may not match other HSD publications due to the way data are pulled for this report. Data is by county of residence or by field office where a county of residence is not specified.  
 Section 3 | Program Enrollment 2021 Data Book New Mexico Human Services Department

# OVERVIEW

- Medicaid Home health and Hospice Benefit
- Provider types
- Program enrollment and eligibility
- Program Overview
- HCBS Spending Plan Investments
- Utilization & Cost Review

# MEDICAID PROGRAMS WITH HOME HEALTH AND PERSONAL CARE SERVICES

- Community Benefit Program
  - Agency-based
  - Self-directed
- Developmental Disability Waiver
- Medically Fragile Waiver
- Supports Waiver
- Brain Injury Services Fund
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- Physical Health Home Health Benefit

# MEDICAID HOME HEALTH PROVIDER TYPES

- Home Health Agency that may provide:
  - Personal Care
  - Respite
  - Private Duty Nursing
  - Home Health Aide
- Individual employees hired by a Self-Directed participant/employer of record.

# PROGRAM PARTICIPATION

Benefit Program	CY2020 Total eligible or enrolled	Home Health Expenditures (2020/2021)
Community Benefit Program - Agency-based	29,472	\$329.1 million
Community Benefit Program - Self-directed	2,028	\$51.3 million
Developmental Disability Waiver	3,261	\$305.5 million**
Mi Via Waiver	1,890	\$123.0 million
Supports Waiver	94	\$1.2 million
Brain Injury Services Fund	126	Not Medicaid Funded
Hospice	1,632	\$22.9 million
Physical Health - Home Health Benefit	3,946	\$9.2 million
Medically Fragile Waiver	173	\$0.6 million*
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (children <21)	1,635 (PDN, PCS, HHAide served)	\$22.3 million

\*Many of these services delivered through State Plan, reducing waiver expenditures

\*\* Expenditures: Respite, PDN **DOES NOT** include home health services provided under Supported Living Services (bundled service)



# COMMUNITY BENEFIT

## AGENCY BASED COMMUNITY BENEFIT (ABCB) - 29,472

- Members work with their care coordinators to develop a care plan based on assessed needs and select a community provider in the MCO network. The member’s MCO ensures payment to the community benefit providers.
- ABCB services include:

Assisted living	<i>Home health aide</i>
Adult day health	Nutritional Counseling
Behavior support consultation	<i>Personal care</i>
Community transition services	<i>Private duty nursing for adults</i>
Emergency response	<i>Respite</i>
Employment supports	Skilled maintenance therapy for adults
Environmental modifications	

## SELF-DIRECTED COMMUNITY BENEFIT (SDCB) - 2,028

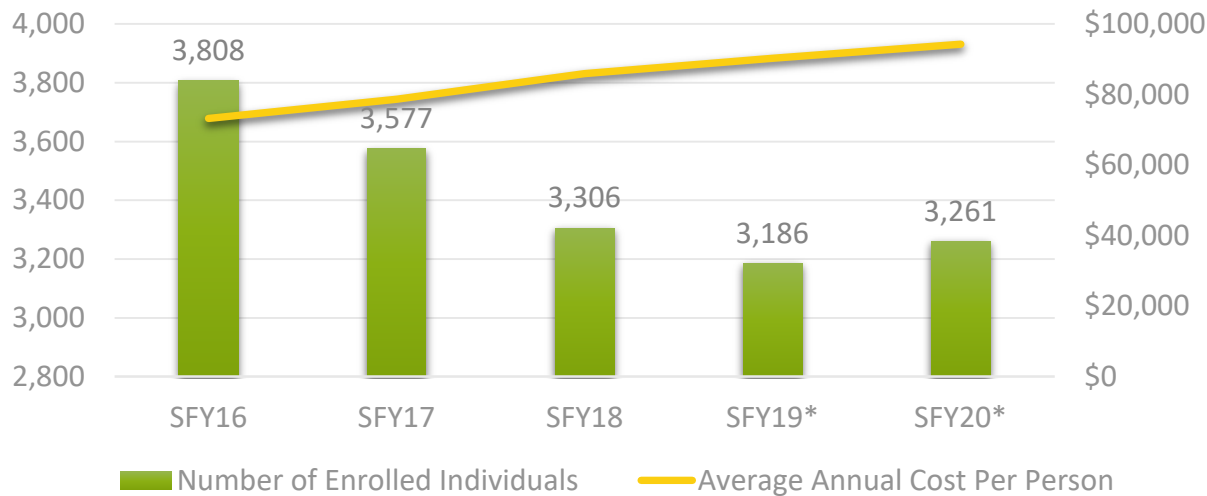
- Members direct their own care and services. Centennial Care members must receive community benefits in the Agency-Based Community Benefit (ABCB) for at least 120 calendar days before switching to the SDCB model.
- SDCB services include:

Behavior support consultation	Private duty nursing for adults
Customized Community Supports	Related goods
Emergency response	<i>Respite</i>
Employment supports	Skilled maintenance therapy for adults
Environmental modifications	Specialized Therapies
<i>Home health aide</i>	Start-Up Goods
<i>Self-Directed Personal Care Services</i>	Transportation (non-medical)

# DEVELOPMENTAL DISABILITIES WAIVER

1915(c) Medicaid Developmental Disabilities Waiver (DDW) provides an array of home and community-based services to help individuals with intellectual and developmental disabilities live successfully in their community, become more independent, and reach their personal goals.

**Enrollment vs. Cost  
(in thousands)**



\*Reduction in enrollment is the result of individuals switching to or selecting the Mi Via waiver.

**Total Program Expenditures  
(State & Federal Share in millions)**



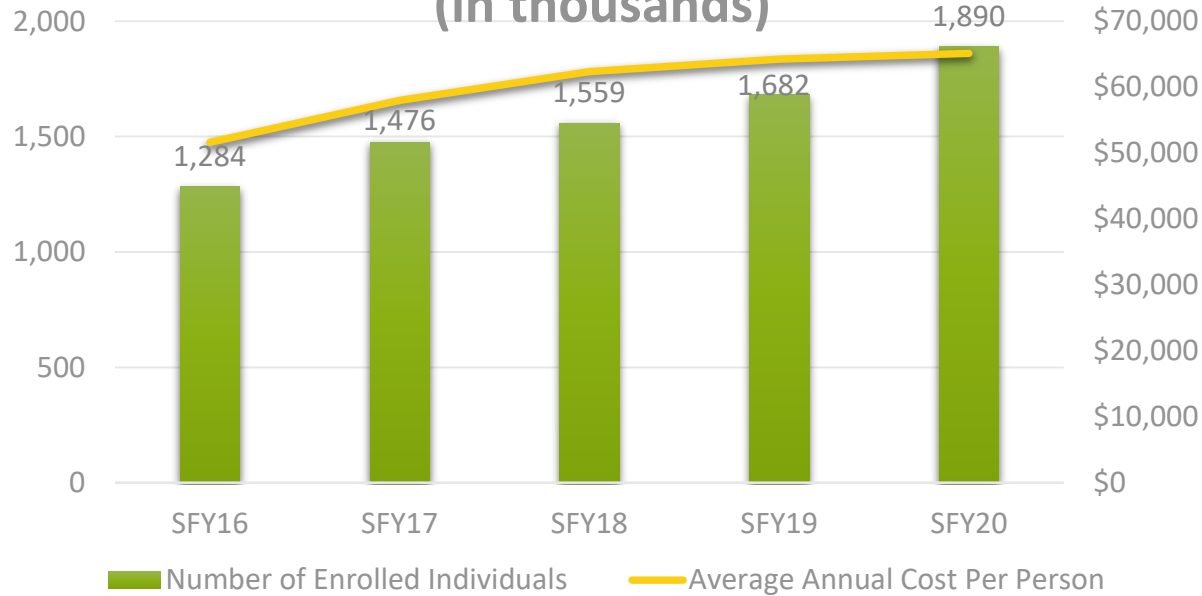
# MI VIA WAIVER

Mi Via serves individuals who are approved to meet the Department of Health (DOH) definition of Developmental Disabilities (DD) or Medically Fragile (MF). Individuals do not apply for this waiver; they are able to access this waiver by applying for the DD or MF waivers and upon allocation selecting to self-direct their care. Under Mi Via, recipients self-direct their waiver services.

## Total Program Expenditures (State & Federal Share in millions)



## Enrollment vs. Cost (in thousands)



# SUPPORTS WAIVER

- Services are intended to complement unpaid supports that are provided to individuals by family and others.
- Designed to provide an option for support to individuals who are on the Developmental Disabilities (DD) Waiver Waitlist waiting for an allocation to the DD/Mi Via Waivers.
- Individuals will keep their place on the DDW waitlist while they access the Supports Waiver.
- Two service-delivery models
  - Agency –Based
  - Participant-Directed
- Annual cost of \$1,238,000 in Fiscal Year 2021
- **Currently Serving:** 94 and growing

## Ten (10) services are available within the \$10,000 individual budget allotment:

Assistive Technology

Behavior Support Consultation

Customized Community Supports –Group

Customized Community Supports – Individual

Employment Supports

Environmental Modifications

*Personal Care Services*

Non-Medical Transportation

*Respite*

# BRAIN INJURY SERVICES FUND (BISF)

- Offers short-term non-Medicaid services to individuals with a confirmed diagnosis of Brain Injury, either Traumatic Brain Injury (TBI) or other Acquired Brain Injury (ABI)
- Funded from a \$5 fee that is added to all New Mexico traffic violations.
- The fund serves as a gateway for those who are newly injured and are waiting to become Medicaid eligible or until a Care Plan through a Centennial Care MCO is in place
- Service Coordinators assist participants in accessing BISF services and community resources
- **Number of individuals served: 126 (FY20)**

**Annual Budget Allotment per participant: \$4650.00**

**Services offered:**

DME and Assistive Technology

*Home Health Aide, Homemaker Services*

Initial or Emergency Housing Costs

Environmental Modifications

*Nursing Care*

Retrofit Automobile

*Respite*

Transportation

Therapies: OT, PT, SLP

Medication Copay Assistance

# MEDICAID HOSPICE BENEFIT

Hospice services are covered as an optional medical service for New Mexico Medicaid program (Medicaid) recipients. Hospice services provide palliative and supportive services to meet the physical, psychological, social, and spiritual needs of terminally ill Medicaid recipients and their families.

- Effective 10/1/2020: End of Life (EOL) Service Intensity Add-on (SIA): In addition to routine home care, a hospice provider can bill for social worker visits and nursing visits provided by a registered nurse (RN), when the service is provided during routine home care in the last seven days of life.
- Annual cost of \$22,874,021 in Calendar Year 2020
- Number of individuals served: 1,632 (CY20)

# OVERVIEW OF SERVICES UNDER THE EPSDT BENEFIT

- Diagnostic Services
- Evaluations or assessments results in the determination of the nature or cause of conditions identified by the screening
- Examples:
  - Positive depression and/or maternal depression screenings,
  - Abnormal lab results
  - Children found to have an ocular abnormality or who fail a vision assessment should be referred to a pediatric ophthalmologist or an eye care specialist appropriately trained to treat pediatric patients.
  - Bottle fed babies are screened for indications of any baby bottle tooth decay and referred to periodontist.

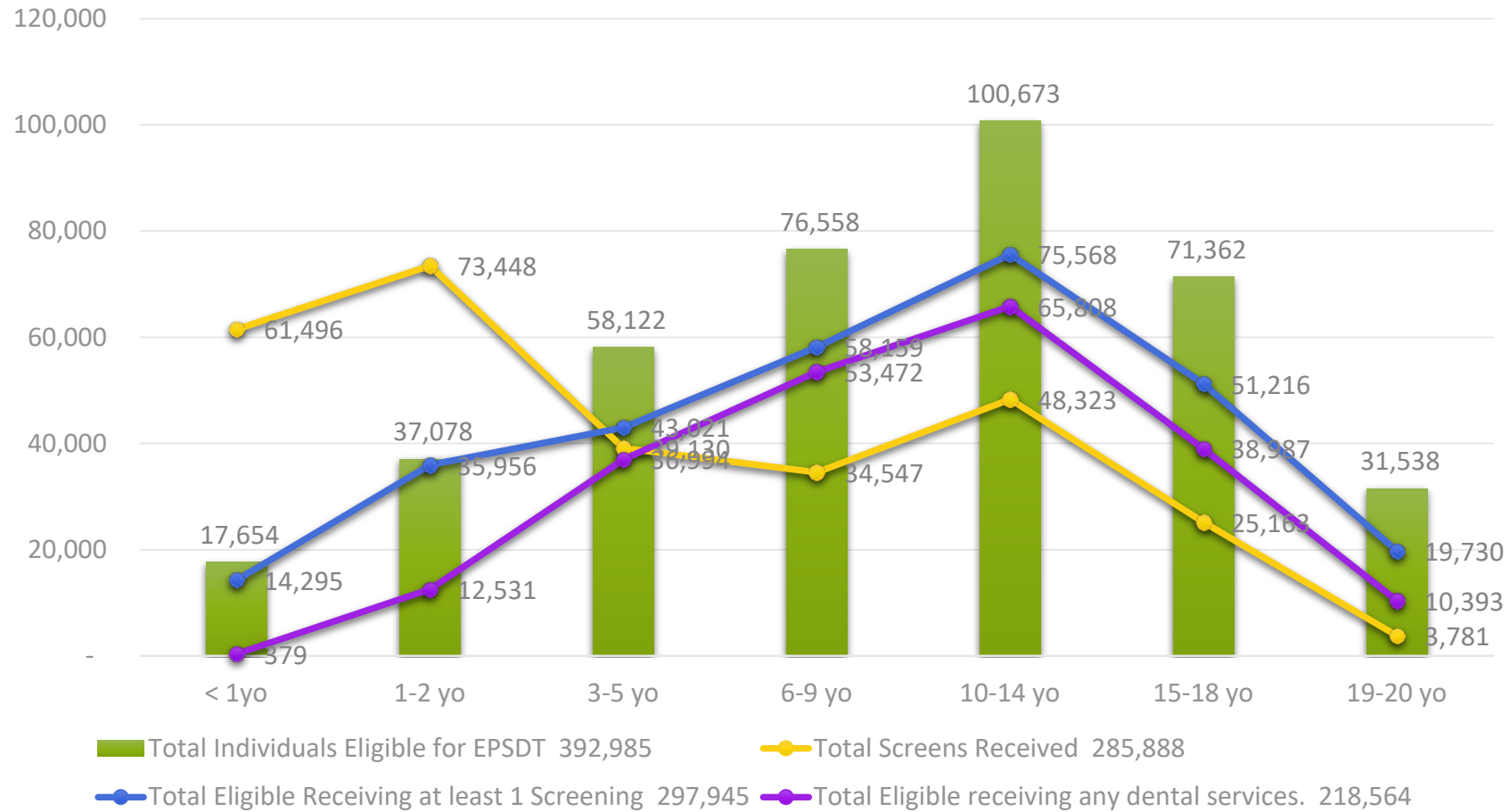
Treatment Services
Case Management
<i>Personal Care Services</i>
<i>Private Duty Nursing</i>
<i>Rehabilitative Services (PT, OT, SP)</i>
Tobacco Cessation
Nutritional Assessment and Counseling
In-Patient and Residential Psychiatric Services
Out-Patient Psychiatric Services
Behavioral Health Counseling
Psychosocial Services
Chiropractic Services
Dental and Orthodontic
Supplies, prosthetics, orthotics and DME
Reproductive health services

# EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT (EPSDT)

- Who is Eligible for EPSDT?
- All children under age 21 enrolled in Medicaid are entitled to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.
- States are required by federal law to provide access to any Medicaid-coverable service in any amount that is medically necessary.
- This is required, regardless of whether the service is covered in the state's Medicaid plan.

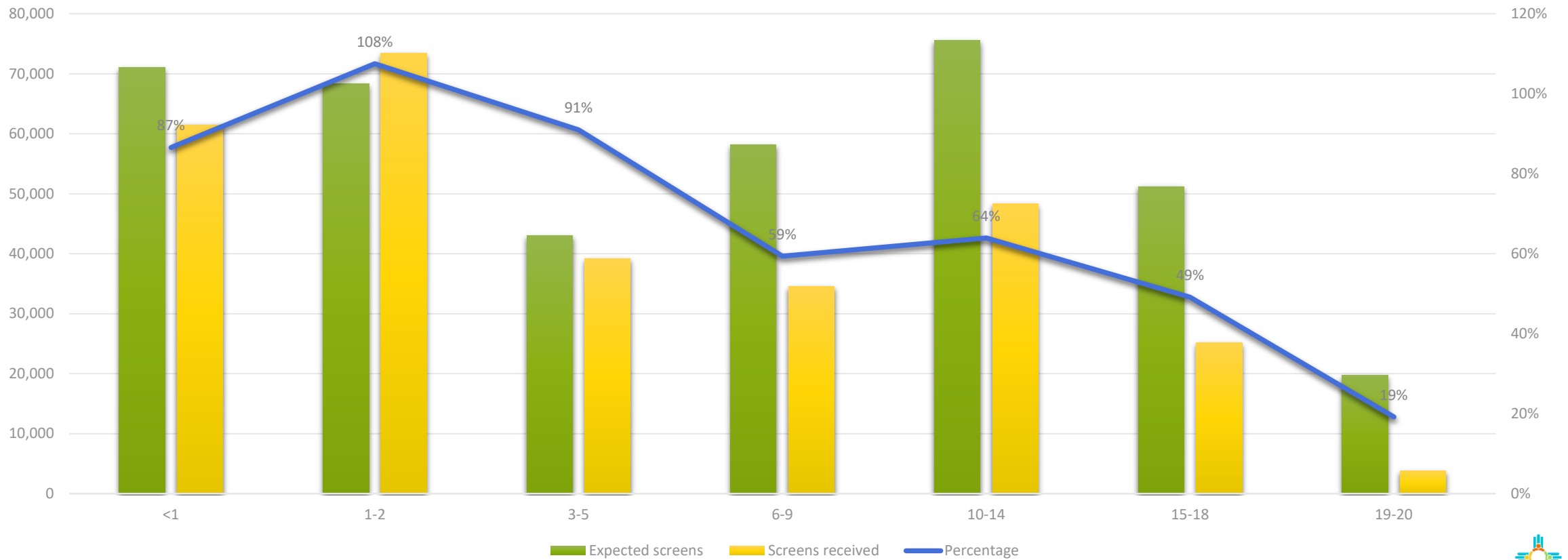


# 2019 EPSDT PARTICIPATION



# FY 2019 EPSDT SCREENING INFORMATION (CMS416)

Annual EPSDT Participation Report FY2019



# HOME HEALTH ACCESS EPSDT

- 33 counties in NM
- 7 counties do not have Home health or PCS providers that provide EPSDT PCS located in them
  - Catron County, NM
  - De Baca County, NM
  - Guadalupe County, NM
  - Harding County, NM
  - Hidalgo County, NM
  - Mora County, NM
  - Torrance County, NM
- All MCOs meet network adequacy requirements at 100% for all PCS providers

# MEDICALLY FRAGILE WAIVER STATUS - APPROVED WITH EFFECTIVE DATE 07/01/2021- 06/30/2026

## CHANGES TO THE WAIVER INCLUDED EXPANSION IN THE FOLLOWING AREAS

- Addition of Customized Community Group Supports (Day programs), Individual Directed Goods and Services, Specialized Therapies/Massage, and Vehicle Modifications services.
- To expand the providers under Home Health Aide services, certified nurse assistants were added as an approved provider working under a home health aide agency.
- To increase access of Respite services to participants, settings where Respite services can be provided were expanded to include medically qualified foster care home or intensive medical living supports provider.
- Limits for Specialized Medical Equipment and Supplies increased to \$1200 per ISP year from \$1000 per ISP year.

## INDIVIDUAL BUDGETARY CAP ARE BEING INCREASED TO THE FOLLOWING LEVELS

Client Type	Current Caps	Proposed Caps
<b>Kids</b>	\$25,000.00	\$42,000.00
<b>Adult Level 1</b>	\$70,000.00	\$190,000.00
<b>Adult Level 2</b>	\$60,000.00	\$145,000.00
<b>Adult Level 3</b>	\$48,000.00	\$100,000.00

# HCBS EFFORTS RELATED TO HOME HEALTH

- Statewide HCBS provider needs assessment
- Economic Recovery Payments for waiver providers
- Creating parity between EPSDT fee schedule rates and waiver rates
- Addressing DD waiver waitlist
- Adding allocation slots for CB
- Increasing assistive technology budget
- Environmental modifications increase
- Increase limit for specialized medical equipment and supplies
- Training center including pediatric simulation lab in partnership with UNM

# PERSONAL CARE SERVICES & HOME HEALTH AIDE RATE ANALYSIS

Service	<a href="#">EPSDT S5125</a>	<a href="#">1915(c) S5125</a>	Community Benefits (T1019)	<a href="#">Minimum Wage per NM DWS</a>	Service	<a href="#">EPSDT S9122</a>	<a href="#">1915(c) S9122</a>	Community Benefits (S9122)	<a href="#">Minimum Wage per NM DWS</a>
<b>Personal Care Services</b>	\$3.43(15 minutes) \$13.72/hr	\$6.87(15 minutes) \$27.48/hr	MCO ONLY- Provider reimbursement negotiated directly with MCO	State Mandated=\$10.50 <a href="#">Santa Fe City/County</a> = \$12.34	<b>Home Health Aide</b>	\$15.84 (hourly)	\$30.46 (hourly)	MCO ONLY- Provider reimbursement negotiated directly with MCO	State Mandated=\$10.50 <a href="#">Santa Fe City/County</a> = \$12.34

# PRIVATE DUTY NURSING RATE ANALYSIS

Service	<a href="#">EPSDT</a>	<a href="#">1915(c)</a>	Community Benefits (T1002, T1003)	<a href="#">Minimum Wage</a> per NM DWS
Private Duty Nursing				
RN-Private Duty Nursing	T1000 TD \$10.90/15 minutes (\$43.60 hourly)	T1002 \$19.23/15 minutes (\$76.92 hourly)	MCO ONLY- Provider reimbursement negotiated directly with MCO	State Mandated= \$10.50 <a href="#">Santa Fe City/County</a> = \$12.34
LPN-Private Duty Nursing	T1000 TE \$6.79/ 15 minutes (\$27.16 hourly)	T1003 \$13.92/15 minute (\$55.68 hourly)		

# RATE SETTING

- Minimum Wage
- HSD has increased provider reimbursement for PCS since the inception of the Centennial Care 2.0 Medicaid program in 2019.
  - Effective January 1, 2019, 1% increase
  - Effective July 1, 2019, \$0.50 per hour increase
  - Effective January 1, 2020, minimum wage increase
  - Effective January 1, 2021, minimum wage increase
- PCS provider reimbursement increases were included within the MCO Managed Care capitation rates.
- Paid-time off
  - NM House Bill 20
  - Effective July 1, 2022
  - Reviewing available information to determine implications.



# NEW MEXICO MINIMUM WAGE BY COUNTY

Hourly Minimum Wage	Bernalillo	Dona Ana	Santa Fe	All Other County	Statewide
<b>2019</b>	\$9.05	\$7.50	\$11.80	\$7.50	\$8.03
<b>2020</b>	\$9.20	\$9.00	\$12.10	\$9.00	\$9.18
<b>2021</b>	\$10.50	\$10.50	\$12.32	\$10.50	\$10.58

Increase in Hourly Minimum Wage	Bernalillo	Dona Ana	Santa Fe	All Other County	Statewide
<b>2019 to 2020</b>	\$0.15	\$1.50	\$0.30	\$1.50	\$1.14
<b>2020 to 2021</b>	\$1.30	\$1.50	\$0.22	\$1.50	\$1.40

Notes:

1. Albuquerque minimum wage was \$9.20 in 2019 and \$9.35 in 2020. In 2021, Albuquerque and Bernalillo County are at the Statewide minimum wage of \$10.50.
2. Las Cruces minimum wage was \$10.10 in 2019 and \$10.25 in 2020. In 2021, Las Cruces and Dona Ana County are at the Statewide minimum wage of \$10.50.
3. Statewide is the weighted average minimum wage based on Centennial Care MCO utilization from MCO submitted encounter data incurred from January 2019 through June 2021, with data runout through June 2021 for Personal Care Service Procedure Codes 99509 and T1019.
4. Centennial Care populations included in the MCO Average Reimbursement are LTSS, excluding self-directed, and OAGPH.
5. County is based on the member county of residence and not the provider county.

# CENTENNIAL CARE MCO AVERAGE REIMBURSEMENT BY COUNTY

MCO Average Reimbursement	Bernalillo	Dona Ana	Santa Fe	Statewide
<b>2019</b>	\$15.63	\$15.62	\$15.85	\$15.54
<b>2020</b>	\$16.59	\$16.77	\$17.00	\$16.93
<b>YTD June 2021</b>	\$17.46	\$17.99	\$17.89	\$18.21

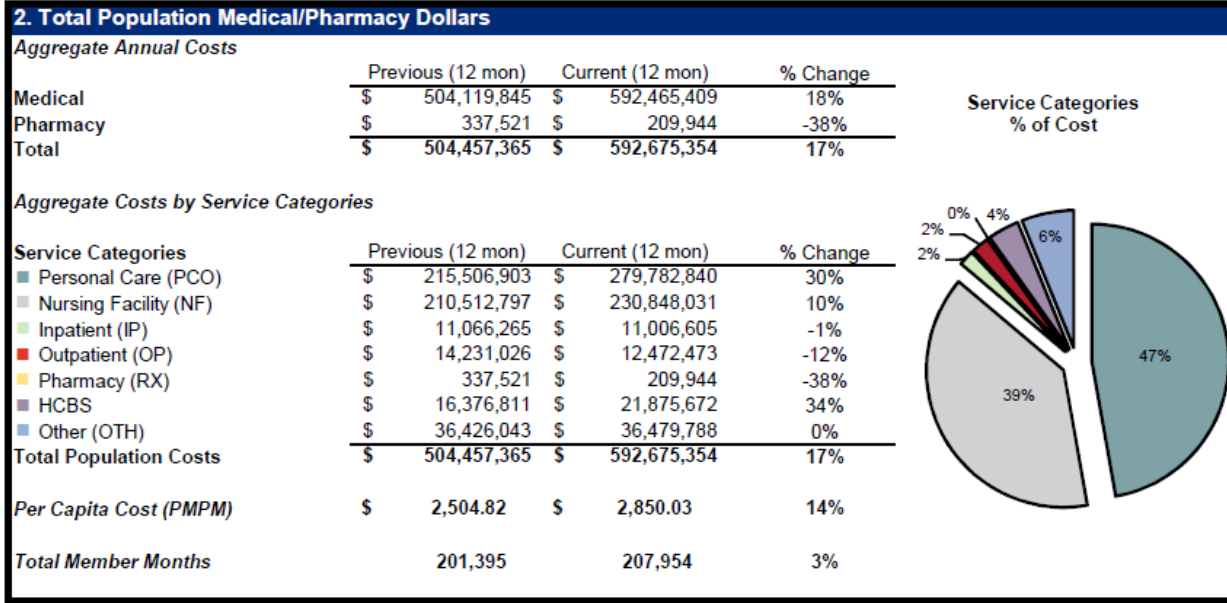
Increase in MCO Average Reimbursement	Bernalillo	Dona Ana	Santa Fe	Statewide
<b>2019 to 2020</b>	\$0.96	\$1.15	\$1.15	\$1.38
<b>2020 to YTD June 2021</b>	\$0.86	\$1.22	\$0.89	\$1.28

Notes:

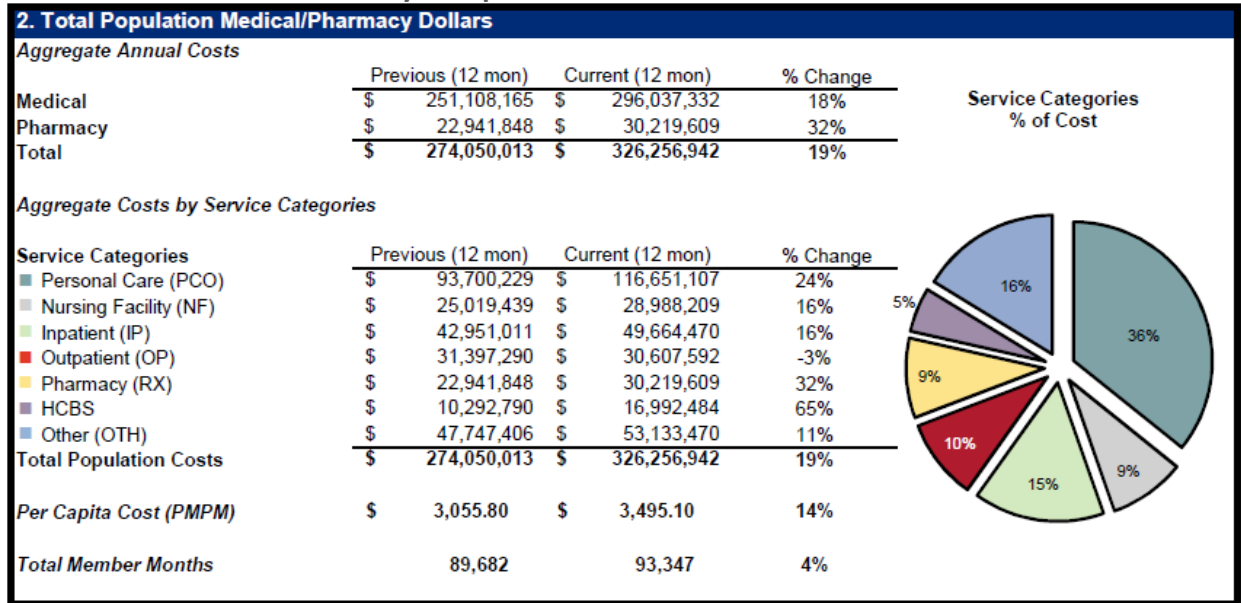
1. Centennial Care MCO Average Reimbursement utilizes MCO submitted encounter data incurred from January 2019 through June 2021, with data runout through June 2021 for Personal Care Service Procedure Codes 99509 and T1019.
2. Centennial Care populations included in the MCO Average Reimbursement are LTSS, excluding self-directed, and OAGPH.
3. County is based on the member county of residence and not the provider county.

# CY 2020 LTSS UTILIZATION & COST REVIEW

## LTSS Duals Population



## LTSS Medicaid Only Population



- When reviewing the Per Capita Medical Costs by Program for 2020 – the second largest PMPM increase was in Long Term Services and Supports which had a 15% increase primarily driven by the PCO increase July 1, 2019 and January 1, 2020.
- LTSS NF LOC Medicaid Only Population (pg 7), 65% increase in HCBS services - Primary driver is Respite services: Expenses doubled (\$4.1 million to \$8.6 million) and unique users increased approximately 50% when comparing CY2020 to CY2019.

# CB UTILIZATION SUMMARY: ABCB

## Agency Based Community Benefit

CY	Agency Based Community Benefit				Average Cost
	Unique Users	PCO (99509, T1019)	All Other	Total	Per User
2014	21,547	\$ 276,680,106	\$ 25,366,726	\$ 302,046,832	\$ 14,018.05
2015	23,511	\$ 290,179,802	\$ 31,278,379	\$ 321,458,181	\$ 13,672.67
2016	24,478	\$ 286,173,020	\$ 36,692,295	\$ 322,865,315	\$ 13,190.02
2017	24,054	\$ 264,984,595	\$ 38,038,057	\$ 303,022,651	\$ 12,597.60
2018	22,864	\$ 260,066,087	\$ 38,948,312	\$ 299,014,399	\$ 13,077.96
2019	22,798	\$ 275,005,729	\$ 42,007,635	\$ 317,013,364	\$ 13,905.31
2020	23,108	\$ 285,152,611	\$ 43,918,772	\$ 329,071,383	\$ 14,240.58

January 1, 2020 - December 31, 2020

Rank	Proc / Mod Code	Procedure Code Description	Amount Paid	Units	Unit Cost
1	99509 & T1019	Personal Care (hr)	\$ 24,767,024	1,462,464	\$ 16.94
2	G9006	Personal Care Directed-Admin Fee (per service)	\$ 2,374,937	12,004	\$ 197.85
3	S5165	Environmental Modification (project)	\$ 807,639	199	\$ 4,058.49
4	99509U1	Respite (hr)	\$ 660,121	43,427	\$ 15.20
5	T2031	Assisted Living Waiver (per diem)	\$ 322,519	2,178	\$ 148.08
6	S5161	Emergency Response (month)	\$ 245,334	6,785	\$ 36.16
7	S5110	Personal Care-Directed Training	\$ 103,907	9,482	\$ 10.96
8	S5161U1	Emergency Response high need (month)	\$ 7,350	245	\$ 30.00
9	T2038	Community Transition Services (per service)	\$ 3,073	4	\$ 768.35
10	G0152	Occupational therapy (15 min)	\$ 1,395	56	\$ 24.91
All Other			\$ 961		
Grand Total			\$ 29,294,260		

# CB UTILIZATION SUMMARY: SDCB

## Self-Directed Community Benefit

CY	Self-Directed Community Benefit				Average Cost
	Unique Users	PCO (99509, T1019)	All Other	Total	Per User
2014	1,019	\$ 29,030,813	\$ 4,912,943	\$ 33,943,756	\$ 33,310.85
2015	1,137	\$ 35,175,820	\$ 6,069,705	\$ 41,245,525	\$ 36,275.75
2016	1,402	\$ 33,956,928	\$ 3,669,848	\$ 37,626,776	\$ 26,837.93
2017	1,758	\$ 36,768,580	\$ 3,602,071	\$ 40,370,650	\$ 22,963.96
2018	1,994	\$ 40,601,177	\$ 3,480,831	\$ 44,082,008	\$ 22,107.33
2019	2,144	\$ 44,999,800	\$ 4,666,030	\$ 49,665,831	\$ 23,165.03
2020	2,381	\$ 45,461,483	\$ 5,823,699	\$ 51,285,182	\$ 21,539.35

### January 1, 2020 - December 31, 2020

Rank	Proc / Mod Code	Procedure Code Description	Amount Paid	Units	Unit Cost
1	99509	Self-Directed Personal Care (hr)	\$ 101,614	7,008	\$ 14.50
2	T1005	Respite (15 min)	\$ 6,550	2,107	\$ 3.11
3	T2028	Start-up Goods (each)	\$ 2,054	8	\$ 256.78
4	T1999	Related goods (per service)	\$ 1,226	14	\$ 87.56
5	T2049	Non-Medical Transportation (mile)	\$ 897	2,242	\$ 0.40
6	S5161	Emergency Response (month)	\$ 425	11	\$ 38.61
7					
8					
9					
10					
All Other			\$ -		
Grand Total			\$ 112,766		

# COMMUNITY BENEFIT: PERSONAL CARE SERVICE RATES: PROJECTED COSTS TO INCREASE RATES

**Cost to increase minimum wage by \$1 (assumed raise from average of \$11, increase to \$12– need to consider encounter data)**

Program	CY2021 Projected PCS Hours <sup>1</sup>	Selected Hourly Increase	Estimated Increase	SFY23 Federal Share	SFY23 State Share	SFY23 Blended FFP
LTSS	20,080,000	\$1.00	\$20,080,000	\$14,791,332	\$5,288,668	73.66%
OAG	1,930,000	\$1.00	\$1,930,000	\$1,741,847	\$188,153	90.25%
<b>Total</b>	<b>22,010,000</b>	<b>\$1.00</b>	<b>\$22,010,000</b>	<b>\$16,533,179</b>	<b>\$5,476,821</b>	<b>163.91%</b>

**Cost to increase by \$4 (assumed average of \$11, increase to \$15 – need to consider encounter data)**

Program	CY2021 Projected PCS Hours <sup>1</sup>	Selected Hourly Increase	Estimated Increase	SFY23 Federal Share	SFY23 State Share	SFY23 Blended FFP
LTSS	20,080,000	\$4.00	\$80,320,000	\$59,165,330	\$21,154,670	73.66%
OAG	1,930,000	\$4.00	\$7,720,000	\$6,967,386	\$752,614	90.25%
<b>Total</b>	<b>22,010,000</b>	<b>\$4.00</b>	<b>\$88,040,000</b>	<b>\$66,132,716</b>	<b>\$21,907,284</b>	<b>163.91%</b>



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QUESTIONS AND COMMENTS?

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# APPENDIX

*Investing for tomorrow, delivering today.*



# MEDICALLY FRAGILE WAIVER STATUS - APPROVED WITH EFFECTIVE DATE 07/01/2021- 06/30/2026

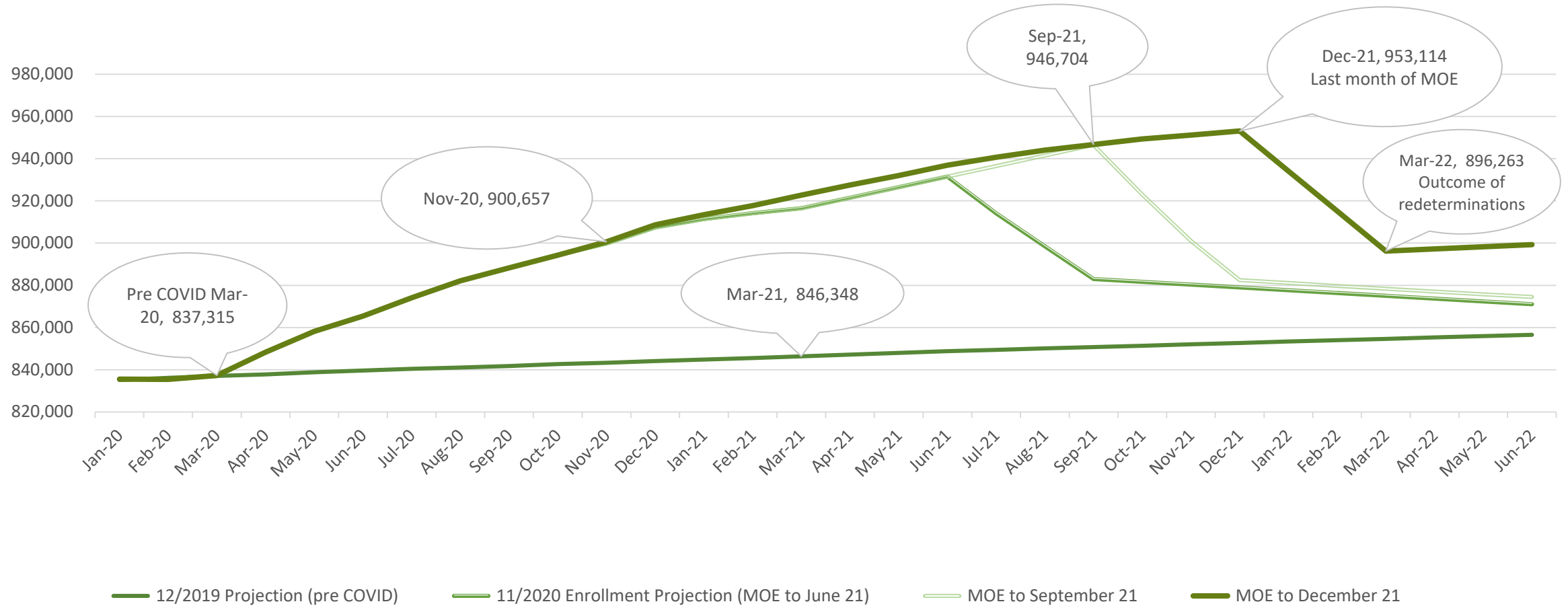
- RAI from CMS centered on the following:
  - Ensuring that HSD oversaw the Level of Care review and approval process under the Third Party Assessor
  - Request for NMAC citations of state required licensure for therapy providers
  - Request for clarifying language of scope and requirements for proposed new services
  - Request for clarifying language on the DOH Division of Health Improvement process for monitoring and oversight of ANE

# TELEHEALTH SERVICES

- Telehealth Services is an interactive HIPPA compliant telecommunication system that must include both interactive audio and video and delivered on a real-time basis at the originating or distant sites.
- Telemedicine originating-site is the location of an MAP eligible recipient at the time of service is being furnished via an interactive telemedicine communications system.
- Telemedicine distance-site is the location where the telemedicine provider is physically located at the time of the telemedicine service.
- Telehealth Services are outlined in the NMAC 8.310.2. (M)

<https://www.hsd.state.nm.us/wp-content/uploads/8.310.2-NMAC-General-Benef-Desc.pdf>

# ENROLLMENT IMPACT OF MOE THROUGH CY2021



# MEDICAID BUDGET UPDATE: EXPENDITURES

- The estimated expenditures in FY20 are \$6.5 billion
- The estimated expenditures in FY21 are \$7.3 billion
- The estimated expenditures in FY22 are \$7.6 billion

Budget Projection – Expenditures (\$000s)	FY2020	FY2021	FY2022
Fee-For-Service	\$732,023	\$754,167	\$738,608
DD & MF Traditional, and Mi Via Waivers	\$442,592	\$485,093	\$540,031
Centennial Care MCO	\$5,106,106	\$5,781,675	\$5,994,106
Medicare	\$195,519	\$204,551	\$229,683
Other	\$39,806	\$61,433	\$93,116
<b>Total Projection (6/30/21)</b>	<b>\$6,516,046</b>	<b>\$7,286,918</b>	<b>\$7,595,545</b>
<b>Prior Projection (3/30/21)</b>	<b>\$6,519,877</b>	<b>\$7,280,421</b>	<b>\$7,540,370</b>
<b>Change from Prior</b>	<b>(\$3,831)</b>	<b>\$6,497</b>	<b>\$55,175</b>
*The current quarterly budget projection is updated with data through March 31, 2021.			

# MEDICAID BUDGET UPDATE: REVENUES

- The estimated state revenue surplus in FY20 is \$46.9 million
- The estimated state revenue surplus in FY21 is \$48.6 million
- The projected state revenue shortfall in FY22 is \$87.6 million

Budget Projection - Revenues	FY2020	FY2021	FY2022
Federal Revenues	\$5,266,166	\$6,026,856	\$6,121,114
All State Revenues	\$1,236,659	\$1,246,456	\$1,458,234
Operating Transfers In	\$244,163	\$277,087	\$289,304
Other Revenues	\$72,272	\$65,841	\$64,991
General Fund Need	\$920,224	\$903,528	\$1,103,940
Appropriation	\$1,019,697	\$952,168	\$996,353
Reversion	(\$52,549)	-	-
State Revenue			
Surplus/(Shortfall)	\$46,925	\$48,639	(\$87,643)
Change from Prior	\$603	(\$1,174)	(\$12,606)

# APPEALS & GRIEVANCE INFORMATION

- After the MCO's initial appeal decision, information on the next level appeal can be found:
  - in the MCO's (appeal) decision letter to the member; and
  - in the grievance and appeals rule (8.308.15) on the HSD website.
- After the fair hearing, information can be found:
  - in the Hearing Decision Letter (HDL) that is sent to the member; and
  - in the claimant hearings rule (8.352.2) on the HSD website.
- All MCOs processes are clearly outlined on their web pages and provided at enrollment in the member handbooks per contract requirements