



HUMAN
SERVICES
D E P A R T M E N T



MEDICAID REIMBURSEMENT UPDATE FOR LHHS

JULY 11, 2023

ACTING SECRETARY KARI ARMIJO & MEDICAID DEPUTY DIRECTOR ELISA WALKER-MORAN



BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil



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.



AGENDA & PRESENTERS

- HB2 Medicaid reimbursement rate increases
- New Covered Benefits & Services
- Initiatives to Build & Support Provider Network
- 1115 Waiver Status



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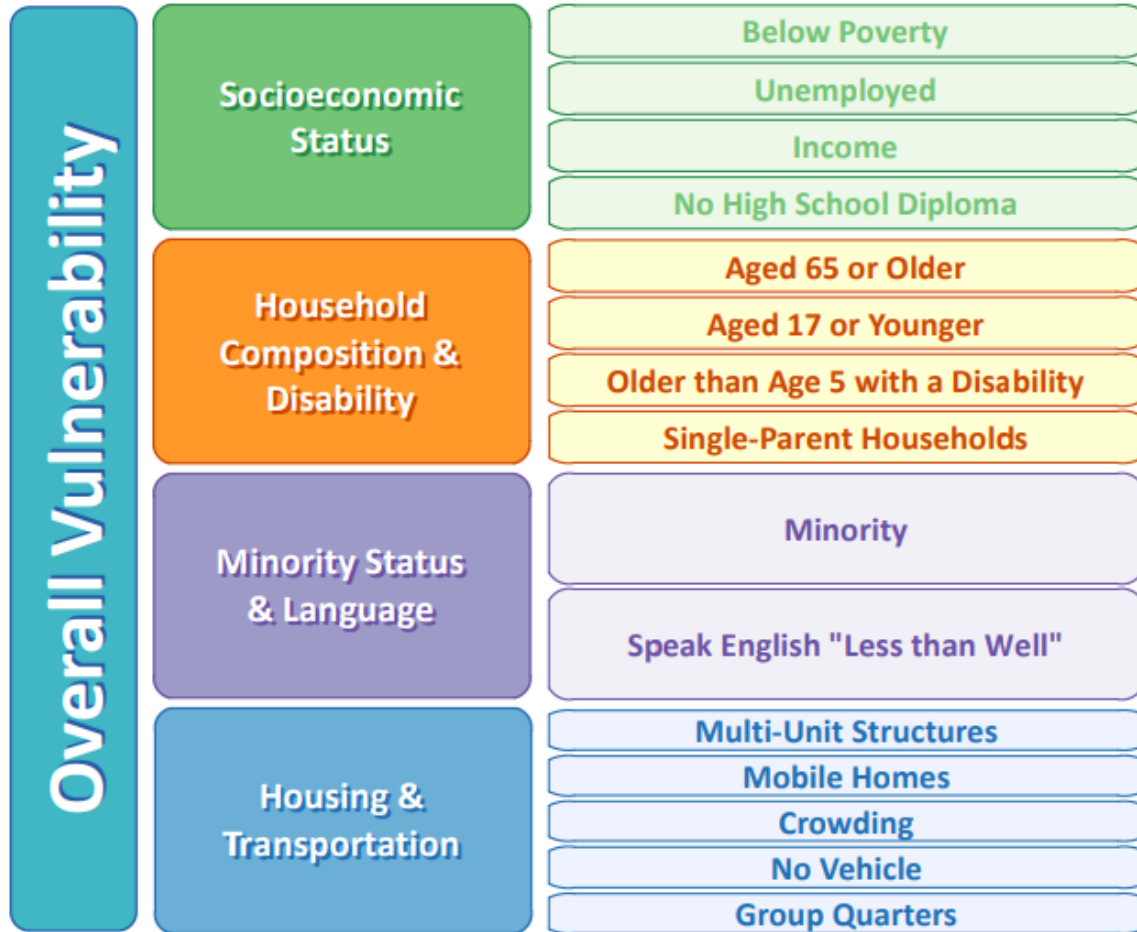
MEET THE TSOSIE FAMILY *

- The Tsosie family lives in the Navajo Nation about 4 miles from the Sheep Springs Chapter House.
- Grandma Stella struggles with diabetes.
- Kids Gerald (16) and Lonnie (10) are behind on vaccinations. They need to be current before school starts in August.
- Lonnie is also struggling with his weight.
- Unreliable transportation makes getting care difficult even though the Tohatchi Health Center is less than 30 miles away.



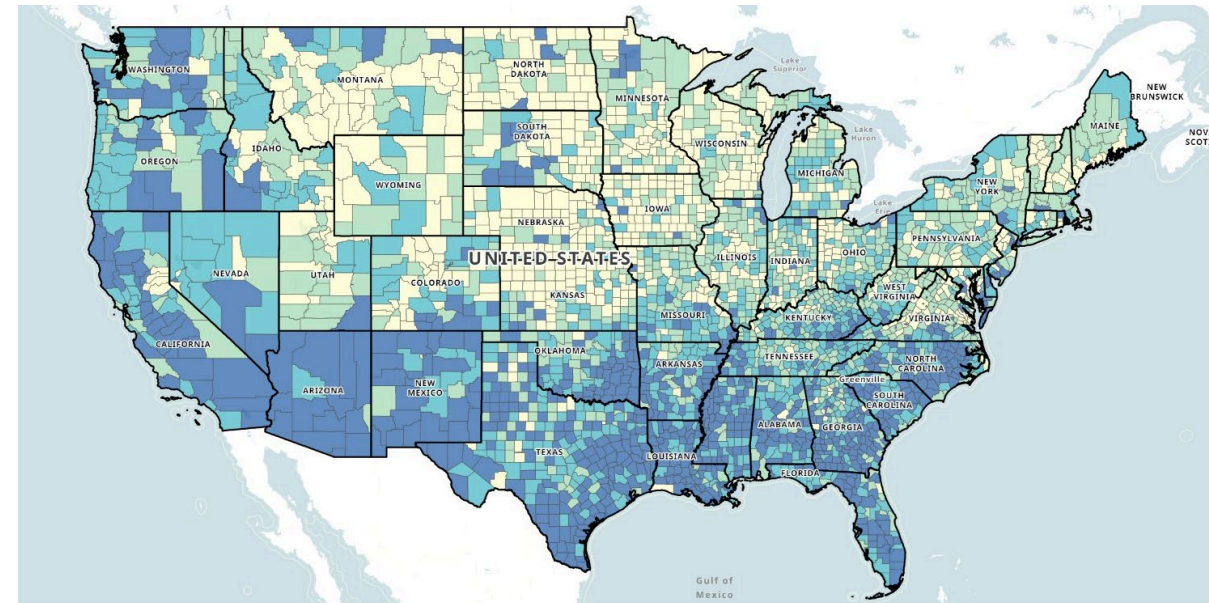
* Based on a real HSD family, whose name and photo are changed.

NM HAS HIGHEST SOCIAL VULNERABILITY IN THE U.S.



SOCIAL VULNERABILITY INDEX BY COUNTY, 2020

Darker color represents higher vulnerability



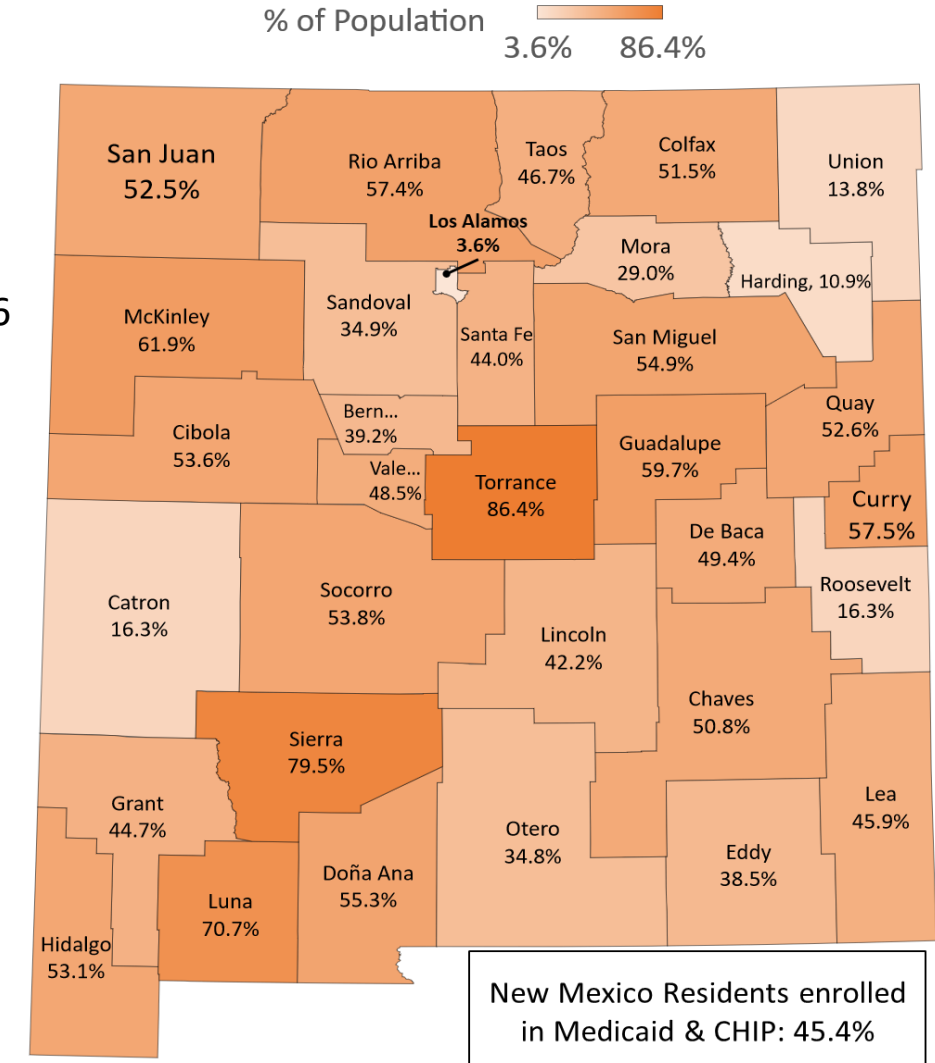
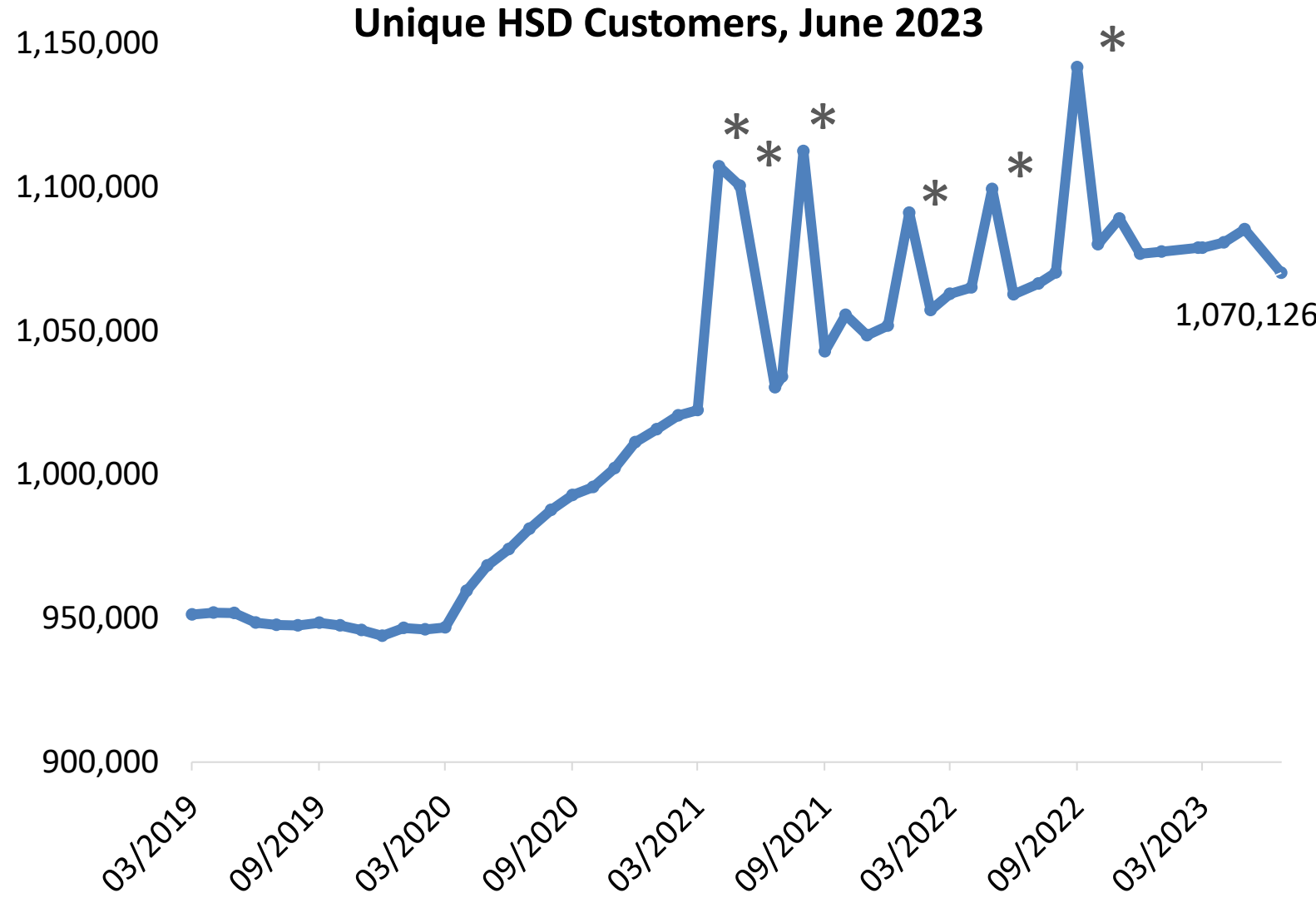
Level of Vulnerability



Source: https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

HSD SERVES 51% OF YOUR CONSTITUENTS

Medicaid & CHIP Recipients as a Percentage of Population by County, June 2022



*Months with a Pandemic EBT Payment

HSD'S SOCIAL IMPACT: NM BENEFITS FROM MODERN AND RESPONSIVE SOCIAL SAFETY NET

HSD's Programs have had the following social impact:

510,595,215 meals provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) over the last 12 months



964,828 individuals provided the ability to visit a doctor, afford medication and immunizations through Medicaid in May 2023



21,712 homes heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIHEAP) in Federal Fiscal Year 2023



8,180 families provided shelter and necessities through Temporary Assistance for Needy Families (TANF) in May 2023



\$125.19* per month on average through child support to help kids be happy and healthy over the last 12 months



216,488 New Mexico adults supported by Behavioral Health programs and services** from July 2021-June 2022



last updated: 6/15/2023

*collections include current support and arrears debt to the custodial parent and/or the state.

**BH services include those covered through Medicaid and other sources (federal and general funds). The total is affected by a 3 month claim lag and therefore this measure is updated quarterly.

It's Time to **Renew NM!**

- **Renew NM** provides resources and information to HSD customers and partners about how and when to renew Medicaid & SNAP benefits.
- **3 important steps to remember:**
 - Update your contact info.
 - Look for your Turquoise envelope.
 - Submit your renewal.
- For data about HSD's performance during the unwinding:
<https://sites.google.com/view/nmhsdscorecard/PHE>

[RENEW.HSD.NM.GOV](https://renew.hsd.nm.gov)

HUMAN SERVICES DEPARTMENT

¡Es Hora de **Renew NM!**

Actualice Su Información de Contacto Ahora Mismo

- ✓ Visite **yes.state.nm.us** y actualice su información de contacto en el chat.
- ✓ El Departamento de Servicios Humanos de Nuevo México le enviará un **sobre turquesa** cuando sea el momento de renovar.

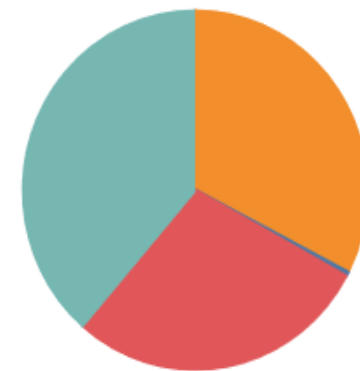
Todos los clientes deben renovar su Medicaid y SNAP cuando reciban el aviso.
 Aprenda más: **renew.hsd.nm.gov**

UNWINDING PROGRESS

- New Mexico began unwinding in April with the first closures occurring effective May 1
- We have 12 months to complete the unwinding (through April 2024)
- Prioritized financially ineligible members over the first four months (April-July); renewals for eligible members begin in August, with most vulnerable populations in early 2024.

Medicaid Renewal Tracking for May 2023

Beneficiaries Due for Renewal	Beneficiaries Renewed and Retained	Beneficiaries Determined Ineligible	Beneficiaries Closed for Failure to Respond	Beneficiaries Whose Renewal is Pending
109,800	35,761	431	31,174	42,434



Renewal Status

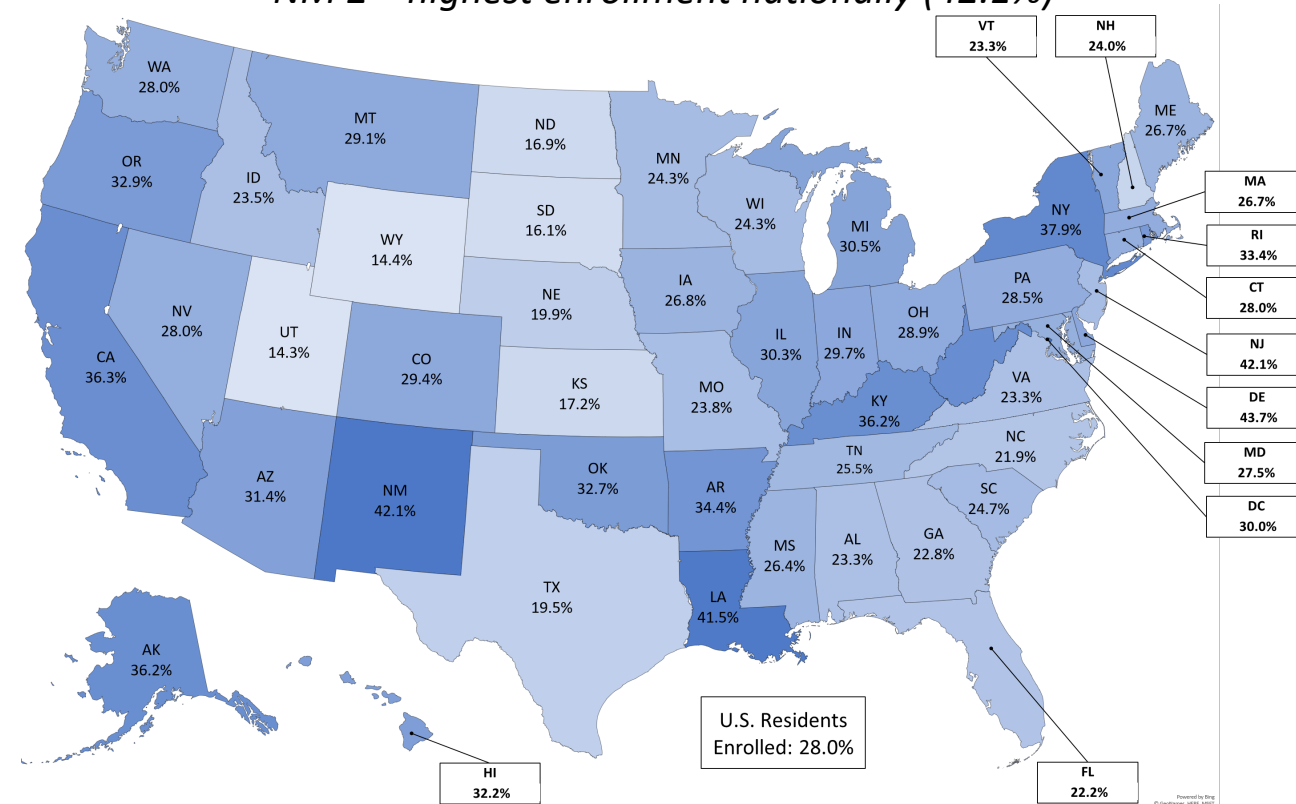
- Beneficiaries Renewed and Retained
- Beneficiaries Determined Ineligible
- Beneficiaries Closed for Failure to Respond
- Beneficiaries Whose Renewal is Pending

MEDICAID IS A KEY STRATEGY IN TRANSFORMING HEALTHCARE IN NEW MEXICO

- 2023 HB2 appropriations **raising Medicaid behavioral health reimbursement rates** to nearly 120% of Medicare.
- Direction to MCO's to use the **Medicaid-established rates as the floor** and to maintain (not reduce) existing contracted rates.
- Rural Healthcare Delivery Fund** to assist rural providers in expanding or implementing new services.
- Value-Based Purchasing and Alternate Payment Models to **focus on quality and patient outcomes**.
- Adding provider types and **new covered benefits/services** in the Medicaid benefit package.
- Eligibility reforms** to help qualifying New Mexicans retain coverage.

Residents Enrolled in Medicaid & CHIP, 2/2023 (%)

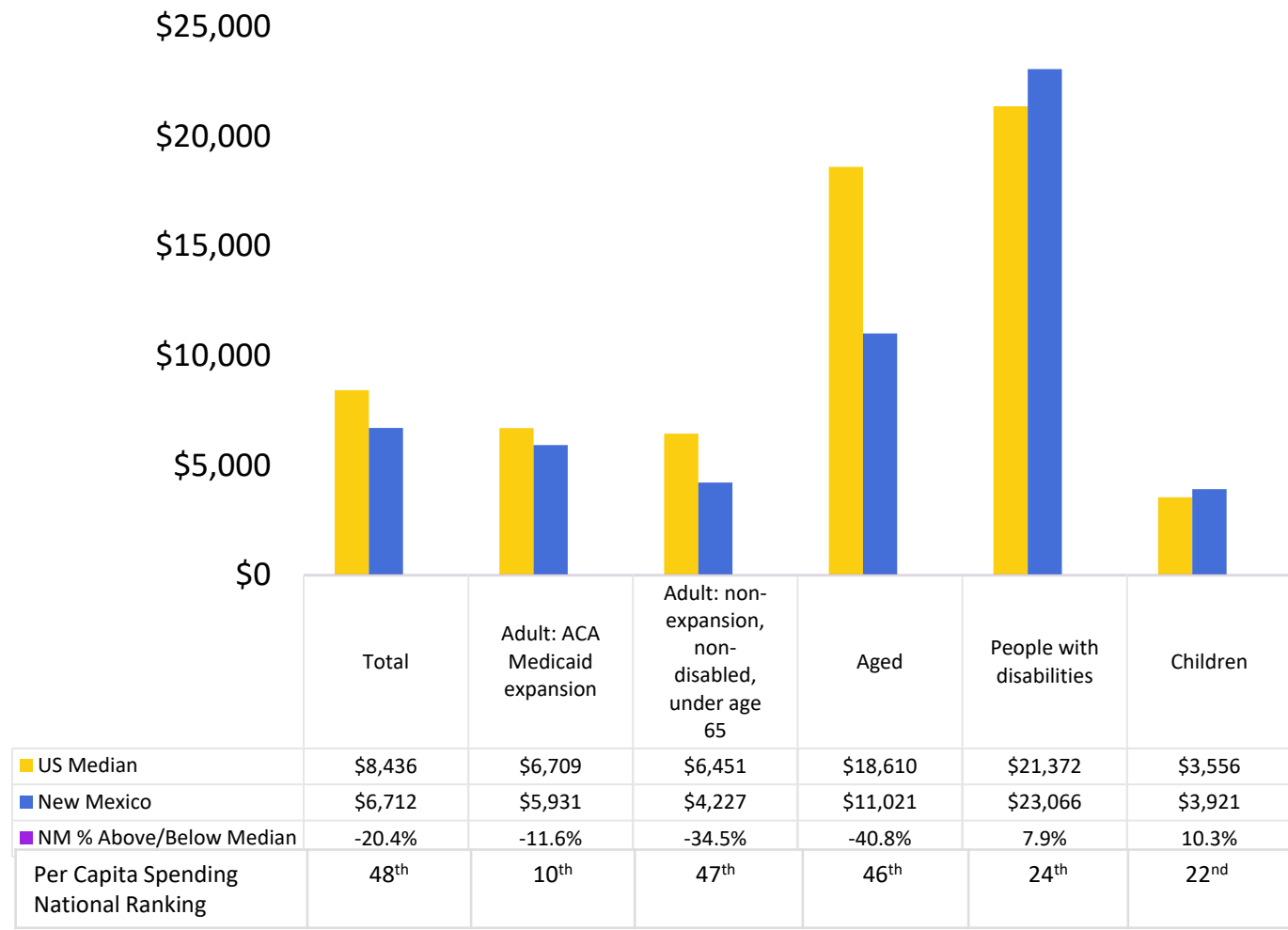
NM 2nd highest enrollment nationally (42.1%)



ARE WE SPENDING TOO MUCH ON MEDICAID?

New Mexico ranks 48th out of 54 states and territories in total Medicaid expenditures per recipient at \$6,712 per year, averaged across all programs.

Annual Per Capita Medicaid Expenditures: NM Relative to US Median and Minimum



The content of these slides, specifically references to the end of the Public Health Emergency, 6.2% FMAP, and Maintenance of effort requirements and timelines, is subject to change as a result of evolving federal guidance, experience, new information, changes in process requirements, and the availability of resources.

PROVIDER RATE REVIEW

The Human Services Department completed a comprehensive review of Medicaid provider reimbursement levels and methodologies in support of the following goals:

- To **ensure access to high-quality care** for Medicaid members through appropriate reimbursement of health care services.
- To **attract and retain healthcare providers** in New Mexico.
- To establish a methodology, process, and schedule for conducting **routine rate reviews as part of normal future operations and fiscal planning.**

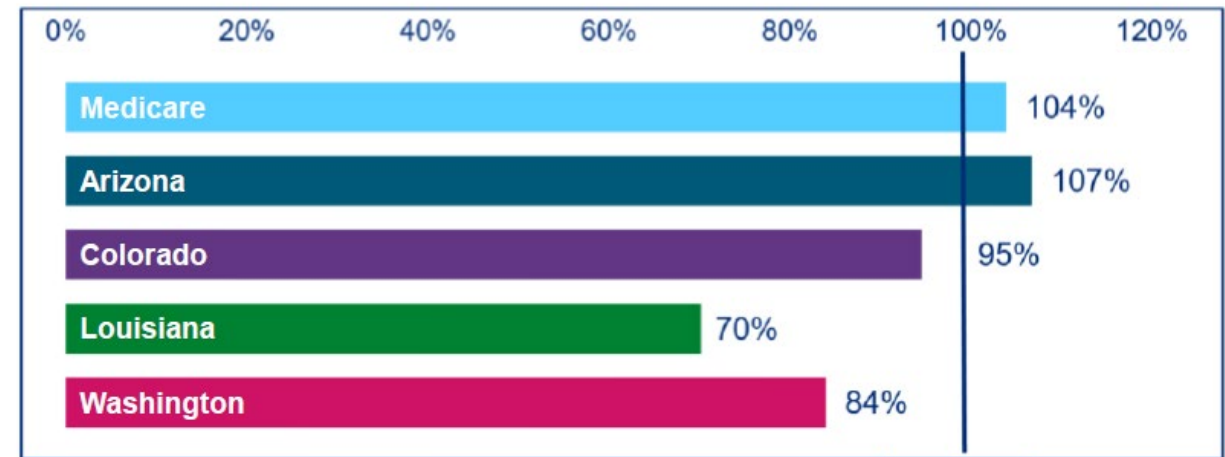
The Comprehensive Rate Review report is available on the HSD web site for review:

<https://www.hsd.state.nm.us/comprehensive-rate-review/>

Maternal & Child Health

CY2021 New Mexico Medicaid FFS Relativity to Selected Benchmarks

Benchmark Relativity = [Benchmark Rate] / [New Mexico FFS Rate]



Mercer



PROVIDER RATE INCREASES

▪ HB2 FY24 Increases

- Raise Medicaid reimbursement rates to 120% of Medicare or equivalent for:
 - Primary Care
 - Maternal Health Services
 - Behavioral Health Services
- Other service codes were raised up to 100% of Medicare or equivalent.

▪ MCO Oversight and Compliance

- MCOs directed to treat the **Medicaid-published fee schedule as the floor** and cannot pay providers below the published rate.
- No reduction allowed for providers who already have negotiated rates above the published fee schedule.
- MCOs will be directed to **adjust claims** so that providers will not have to resubmit.
- HSD will **monitor the MCOs' implementation** through biweekly status updates and reporting.

Federal Fiscal Year 2024

Services	State Share (\$000s)	FFP (\$000s)	Total (\$000s)
Maternal Health	\$7,163	\$19,333	\$26,496
Primary Care	\$38,539	\$104,014	\$142,553
Behavioral Health	\$11,020	\$29,744	\$40,765
All other Codes	\$22,562	\$60,893	\$83,456
TOTAL	\$79,285	\$213,985	\$293,271

HOSPITAL & FACILITY RATE INCREASES

- HB2 Rate Increases
 - \$23,595,200 GF for facilities:
 - Hospitals
 - Rural hospitals
 - Nursing facilities
 - Up to 100% of Medicare
 - Directs HSD to prioritize rate increases for **rural hospitals with allocations implemented through managed care directed payments and upper payment limit payments to sustain the economic viability of rural hospitals.**
 - Part of the rate increase for nursing facilities to be tied to **value-based purchasing.**
 - Published rates to be set as the floor; effective 7/1; claims will be automatically reprocessed.

Federal Fiscal Year 2024

Facility Type	State Share (\$000s)	FFP (\$000s)	Total (\$000s)
All Facilities	\$23,595	\$63,683	\$87,278

HOSPITAL VALUE-BASED PURCHASING

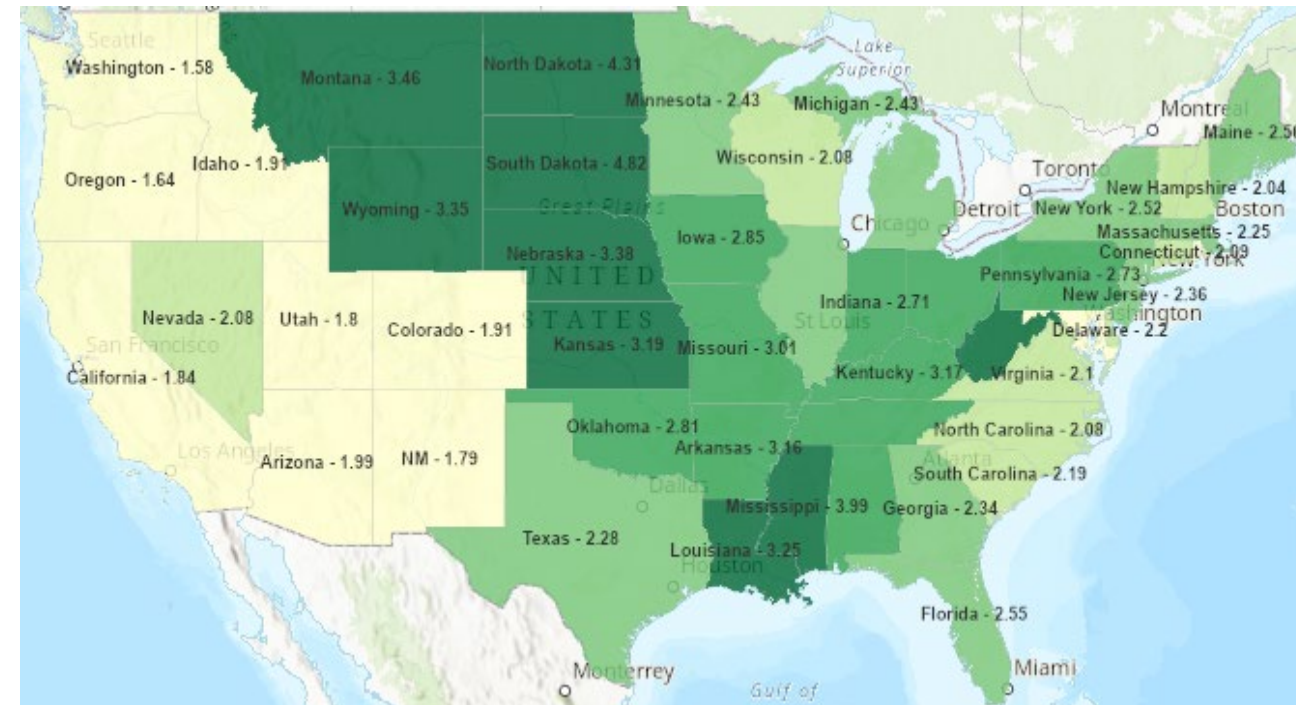
- Transition of \$69M former Safety Net Care Pool and Hospital Quality Incentive Initiative funding to a new Value-Based Purchasing program over 5-6 years.
- Currently in first full year for quality; hospitals paid for reporting.
- CY24 will be the first year to include payments tied to actual performance.
- Metrics include behavioral health for the first time.

Measure/Description	Measure Steward
1. Plan All Cause Readmissions	NCQA
2. Deaths Among Patients with Serious Treatable Complications after Surgery	AHRQ
3. Serious Complications that Patients Experienced During a Hospital Stay After Having Certain Inpatient Procedures	CMS
4. Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training – structural measures with attestation	State-specific (NM)
5. Care Coordination for Mental Health Emergency Department Visit Follow-up – structural measure with attestation	State-specific (NM)
6. Severe Sepsis and Shock	CMS
7. HCAHPs – Communication with Doctor	CMS
8. HCAHPs – Communication with Nurse	CMS
9. Median Time from ED Arrival to ED Departure for Discharged ED Patients	CMS
10. Influenza Immunization	CMS

RURAL HEALTHCARE DELIVERY FUND

- \$80M appropriated to HSD for FYs 24-26
- Fund provides start-up grant funding for new or expanded services in rural NM counties.
- **Providers encouraged to respond to non-binding Interest Survey* by 7/30/23 to outline funding need and service areas.**
 - **As of 6/30: 58 respondents with total dollar amount requested \$103,053,450**
- HSD will release RFA in September.
 - HSD will notify funding recipients in December 2023, with funds released early 2024.

Hospital General Beds by State per 10,000 Population, 2020



Source:

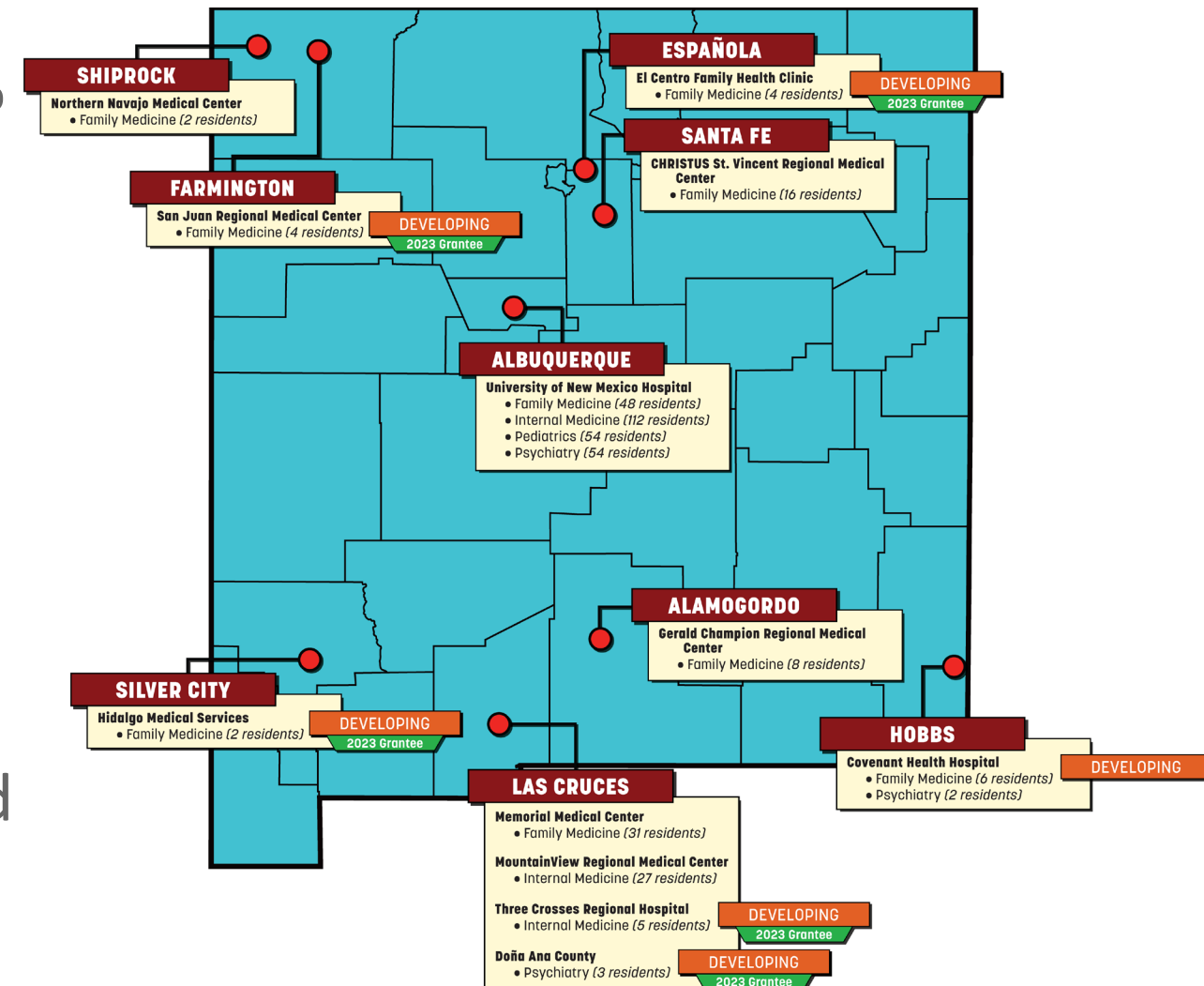
https://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=dc5a4b4a10f5458c8ccc_d1160c55710a

*<https://www.surveymonkey.com/r/SP2KGT7>

PRIMARY CARE & PSYCHIATRY RESIDENCY EXPANSION

- Over a 5-year period, starting in 2019, accredited primary care residencies expected to grow, from 8 to 16 (100% increase).
- Number of primary care residents in training will increase from 142 to 264 (86% increase) during this 5-year period.
- Number of graduates each year will grow from 48 to 82, a 71% increase.
- Residencies continue to be developed in counties with high numbers of Medicaid customers, including FQHC-led residencies.

Primary Care Residency Programs, 2023



COMMUNITY HEALTH WORKER, COMMUNITY HEALTH REPRESENTATIVE & *PROMOTORAS DE SALUD* MEDICAID REIMBURSEMENT

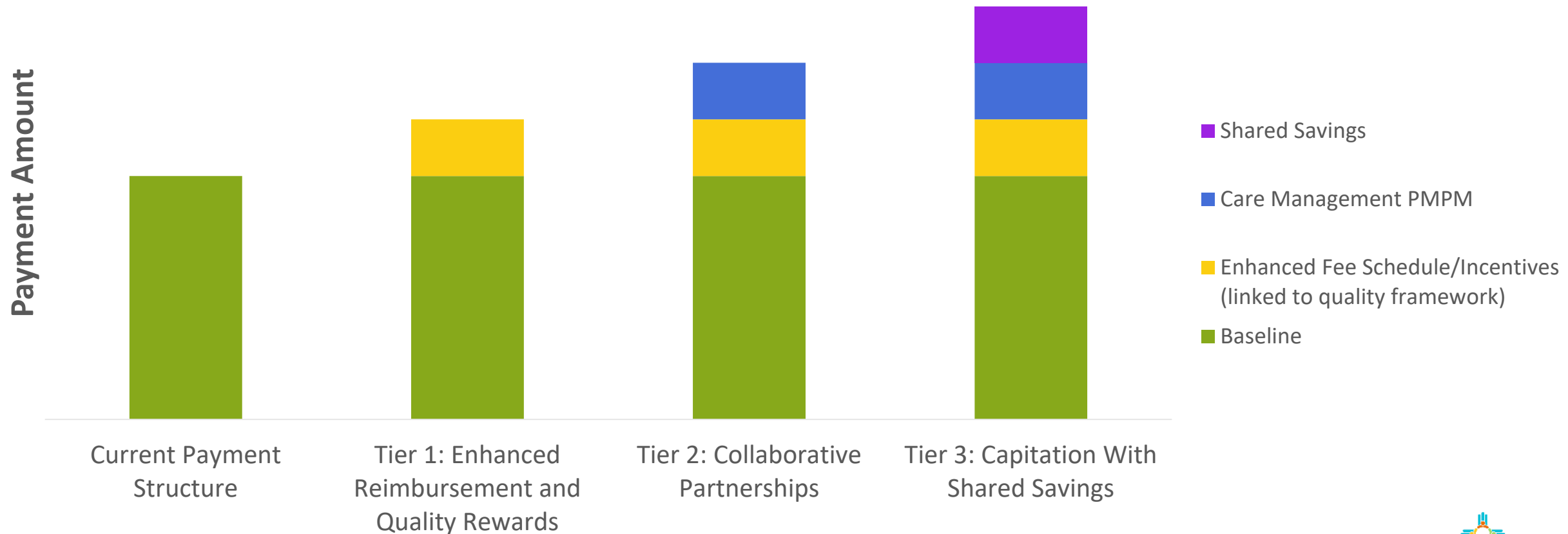
- Beginning July 1, 2023 services provided by CHW, CHR, and *Promotoras* eligible for Medicaid reimbursement.
 - To qualify for reimbursement, professionals will need certification from NMDOH.
 - Will be able to bill as independent providers or within a group.
- CHWs, CHRs, and *Promotoras* provide key services such as health education, coaching, navigation, screenings and assessments, and advocacy.
- Research demonstrate that patients who use CHWs, CHRs, and *Promotoras* have seen:
 - Reduced urgent care visits saving between \$1316-1849 per patient (monthly);
 - Reduction in acute care use (e.g., hospitalizations, ED visits, readmissions);
 - Improved diabetes and asthma control; and,
 - Reductions in cholesterol and blood pressure.

“We found that every dollar invested in the intervention would return \$2.47 to an average Medicaid payer within the fiscal year.”

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00981>

NEW MEDICAID & MEDICARE PRIMARY CARE PAYMENT MODELS INCENTIVIZE BH INTEGRATION AND PROVIDE FINANCIAL SUPPORTS

Medicare & Medicaid Primary Care Payment Reform Payment Tier Structure



***Chart is for illustrative purposes only and does not indicate actual dollar amounts, percentages, or required/actual payment types.*

MEDICAID SCHOOL BASED SERVICES EXPANSION

- The Medicaid School-Based Services (MSBS) Program is a fee-for-service program administered directly by HSD.
- The expansion presents opportunity for NM schools to seek additional Medicaid reimbursement for services that are already being provided to non-IEP students (i.e., behavioral health services)

- The MSBS Program allows for reimbursement for the following services:
 - Initial evaluations that result in the inclusion of those services in the IEP, IFSP or Plan of Care
 - Subsequent re-evaluations, as indicated in the IEP, IFSP or Plan of Care
 - Occupational, physical and speech/language therapies
 - Audiology services
 - Behavioral health services (counseling, psychology, and social work)
 - Nutritional assessments and counseling
 - Transportation services requiring a specially modified bus
 - Nursing services, including emergency services
 - Home Visits, make-up/compensatory and Extended School Year (ESY) services are included as well

FY 2022 Utilization Data

Fiscal Year	Number of schools participating	Number of children serviced	Total Federal Funds
2022	147	29,763	\$69.4M

MOBILE CRISIS & EVIDENCE BASED PRACTICES (EBP)

- HSD and CYFD developed enhanced rates to implement BH Evidence-based practices (EBPs) and crisis services including:
 - Dialectical Behavior Therapy
 - Multi-Systemic Therapy
 - Trauma-informed Cognitive Behavioral Therapy
 - Functional Family Training
 - Eye Movement Desensitization and Reprocessing therapy
 - Community Based Mobile Crisis Intervention Services
 - Mobile Response and Stabilization for children
- These EBPs proven to help kids and adults manage symptoms like stress, anxiety, and other conditions.
- Providers interested in receiving these rates can visit: <https://centerofinnovationnm.org/nm-ebp/>
- HSD and CYFD also developing Community Mobile Crisis services to provide rapid response, individual assessment, and evaluation and treatment of mental health crisis to individuals experiencing a mental health crisis.

FY24 Evidence-based Practices & Mobile Response and Stabilization Services OpBud

FY24 GF	FY24 FF	Total
\$5,913,587	\$13,500,592	\$19,414,179

HIGH FIDELITY WRAPAROUND (HFW)

- High Fidelity Wraparound provides a comprehensive, holistic, youth and family-driven way of responding when children or youth, and their families experience serious mental health and behavioral challenges.
- In 2017, New Mexico conducted a demonstration pilot project to evaluate the impact of the High-Fidelity Wraparound (CYFD-Coop Consulting 2019). Those youth who discharged successfully from Wraparound reported:
 - 56% increase in community supports;
 - 58% decrease in child welfare involvement;
 - 60% increase in nurturing parenting;
 - 77% improvement in overall child health;
 - 65% increase in positive behavior;
 - 62 % increase in improvement in safety;
 - 73% increase in school or work function.
- HSD has received approval of HFW in the 1115 Waiver amendment 2 and has an implementation date of July 1st, 2023.



1115 WAIVER INNOVATIONS

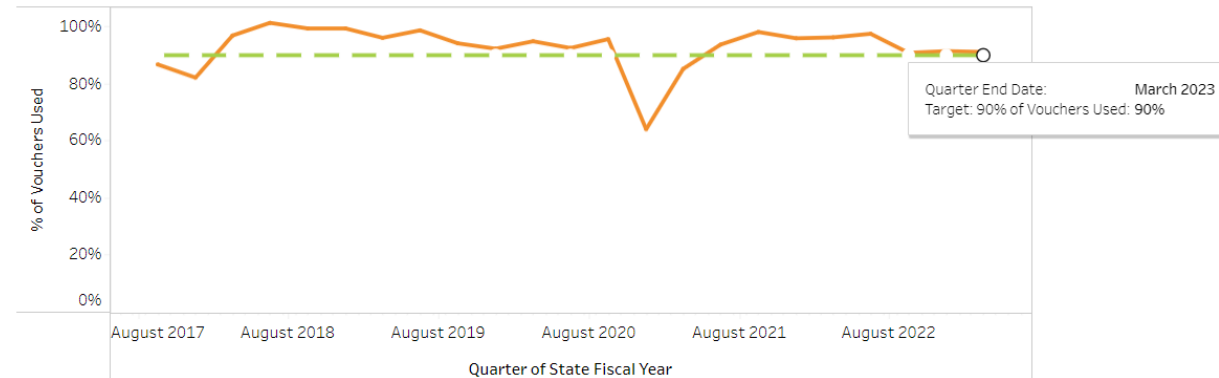
Turquoise Care



- In negotiation with the federal government for January 2024 go-live:
 - Expansion of supportive housing for individuals with serious mental illness;
 - Activate Medicaid coverage 30-days prior to release for individuals in jail or prison;
 - Continuous eligibility for children age 0-6;
 - Traditional healing benefits for Native American members;
 - Home-delivered meals for long-term care patients experiencing food insecurity, and for pregnant women with gestational diabetes;
 - Expand home and community-based waiver services by adding enrollment slots;
 - Expansion of Home Visiting programs to add four new evidence-based models;
 - Add chiropractic services to the Medicaid benefit.

As a person with behavioral health (BH) issues and housing insecurity, what are the chances I will get assistance with securing stable housing through the Behavioral Health Services Division's (BHSD's) supportive housing programs and services?

(↑good)



Source: <https://sites.google.com/view/nmhsdscorecard/goal-1/BH>

A CHR'S IMPACT ON THE TSOSIE FAMILY *

- Now that Medicaid can reimburse for more services provided by Community Health Representatives (CHR), the Tohatchi Health Center can hire more certified CHRs to provide services.
- Maya who lives in Sheep Springs and works at the Tohatchi clinic jumps at the chance to do more for her community.
- Maya spends two days a week at the Sheep Springs Chapter House providing services to her fellow chapter members. She also travels to their homes to deliver services.
- With Maya's help and counseling, Grandma Stella's diabetes is under control. On her visits to the Tsosie home, Maya would check Grandma Stella's blood sugar levels, ensure she was following her prescribed medication and dietary plan, and provide guidance on managing her condition. Maya's friendly demeanor and understanding of traditional remedies allowed her to connect with Grandma Stella on a deeper level, empowering her to take control of her health.
- Maya administered vaccinations for Gerald and Lonnie. They are enrolled and ready for school in the fall.
- Maya also talked with Lonnie about the benefits of a balanced diet, physical activity, and the avoidance of substance abuse, tailoring her guidance to the cultural context of the Native American community. With the new diet and exercise plan that she helped Lonnie come up with, he's lost 8 pounds and has more energy.





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QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.



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APPENDIX

INVESTING FOR TOMORROW, DELIVERING TODAY.

HSD LEADERSHIP TEAM



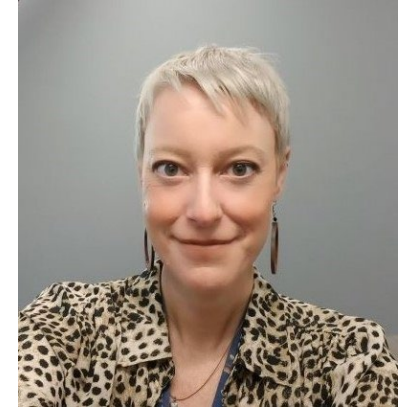
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MEDICAID BUDGET UPDATE: EXPENDITURES

- This projection presents a 4-month MOE unwinding of ineligible population
- Estimated expenditures in FY22 are \$8.44 billion
- Estimated expenditures in FY23 are \$8.90 billion
- Estimated expenditures in FY24 are \$9.30 billion

Budget Projection – Expenditures (\$000s)	FY2022	FY2023	FY2024
Fee-For-Service	895,607	979,652	989,068
DD & MF Traditional, and Mi Via Waivers	553,131	635,691	776,372
Centennial Care MCO	6,743,361	6,996,032	6,675,266
Medicare	234,546	256,374	282,997
Other	14,019	35,207	578,257
Total Projection (3/1/23)	8,440,664	8,902,955	9,301,960
Prior Projection (11/30/22)	8,468,692	8,877,217	9,118,922
Change from Prior (\$)	(28,028)	25,739	183,039
Change from Prior (%)	-0.3%	0.3%	2.0%

FY24 HB2 Phase 1/Phase 2 – Hospital and Provider Rate increases; including BH services.

*The current quarterly budget projection is updated with data through March 31, 2023.
 ** Consolidated Appropriations Act, 2023, Section 5131 provides transition phase-down for the temporary FMAP increase of 6.2% in effect during the PHE. The quarterly transitioning recognizes 6.2% in Q/E March 2023; 5.0% in Q/E June 2023; 2.5% in Q/E Sept 2023; and 1.5% in Q/E Dec 2023.

MEDICAID BUDGET UPDATE: REVENUES

- Estimated state revenue surplus in FY22 is \$20.8 million
- Estimated state revenue surplus in FY23 is \$68.4 million
- Projected state revenue shortfall in FY24 is \$10.7 million

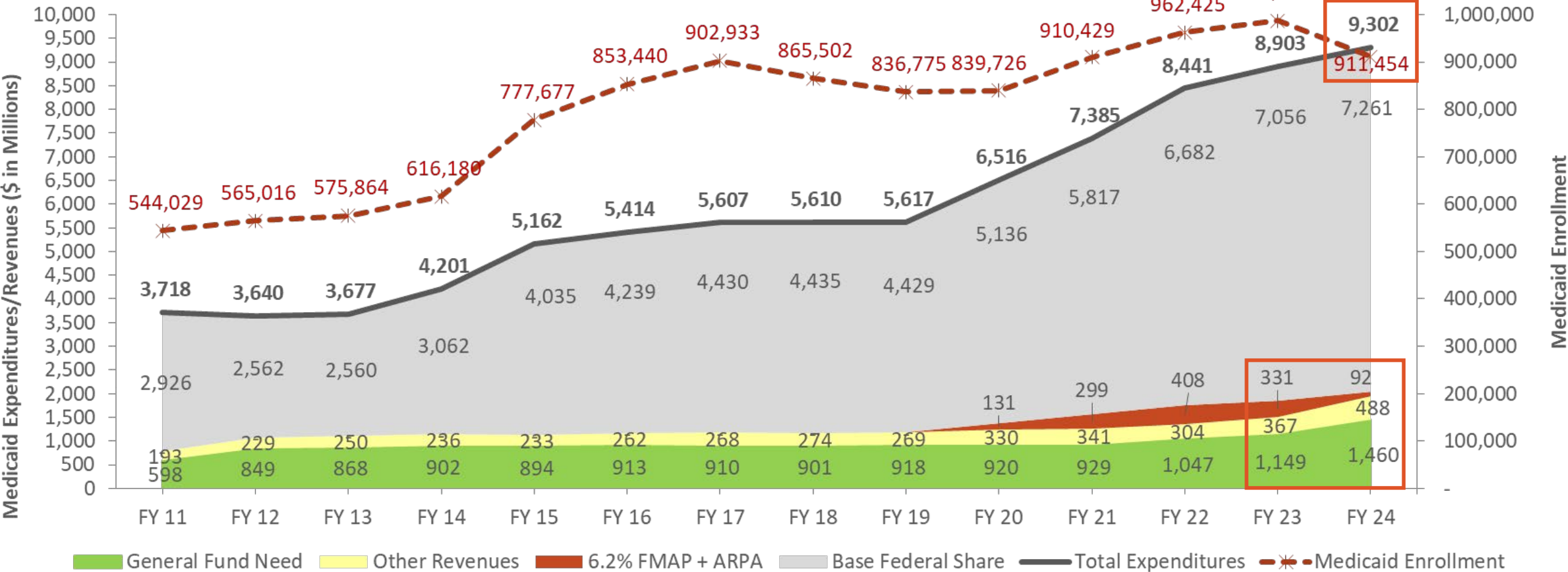
Budget Projection – Revenues (\$000s)	FY2022	FY2023	FY2024
Federal Revenues	7,064,330	7,351,395	7,307,982
All State Revenues	1,332,302	1,493,997	1,929,458
Operating Transfers In	171,591	244,574	368,538
Other Revenues	114,136	100,216	100,430
General Fund Need	1,046,576	1,149,207	1,460,491
HB2 Appropriation	1,043,385	1,185,902	1,428,450
GF to support HIPS*	23,979	31,755	21,300
State Revenue	20,788	68,450	(10,741)
Surplus/(Shortfall)			
Change from Prior (\$)	4,859	(9,690)	220,567
Change from Prior (%)	0.5%	-0.8%	15.1%

*HIPS= Health Insurance Premium Surtax

Add. FMAP:
FY23: 6.2% Q3,
5% Q4
FY24: 2.5% Q1,
1.5% Q2

FEDERAL REVENUE SUPPORTING MEDICAID PROGRAM

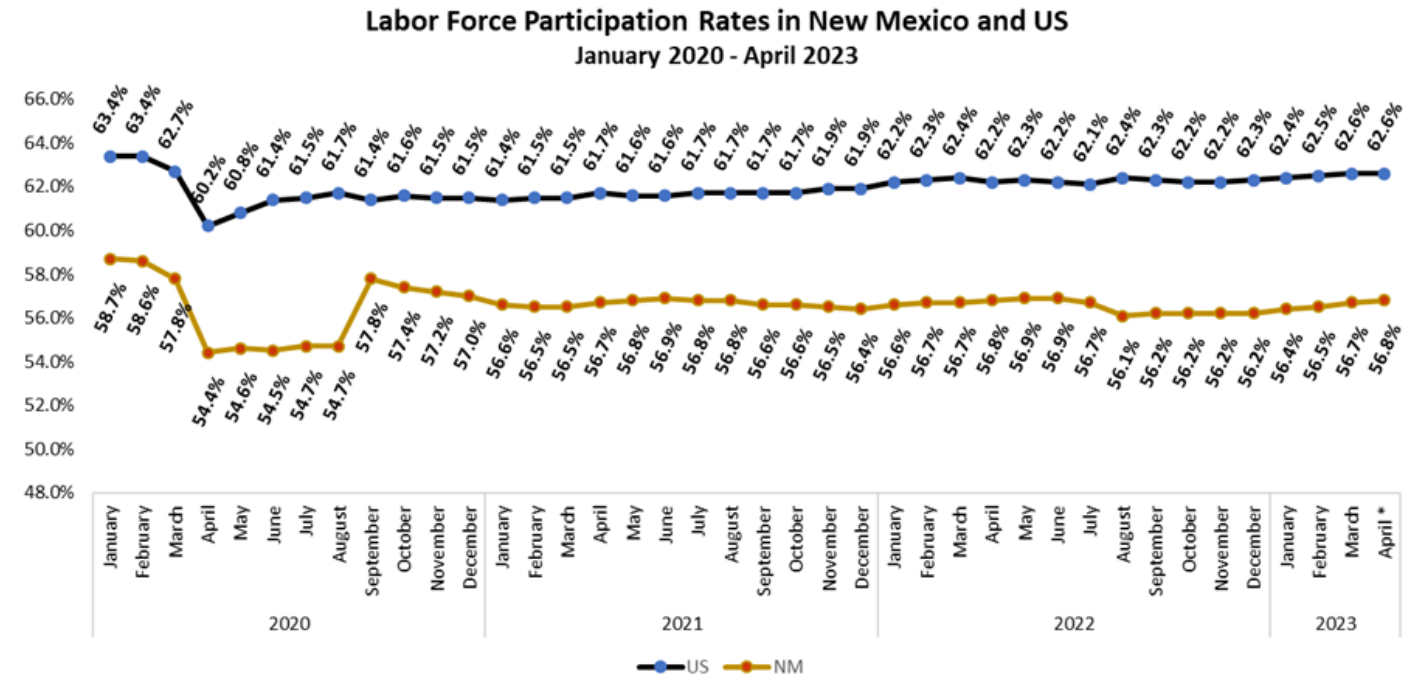
Total Medicaid Enrollment, Expenditures and Revenues



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MEDICAID-CHIP ENROLLMENT DRIVERS

- Reach 42.1% of NM pop. (2.1 million)
 - 157,333 increase in membership since Feb. 2020
 - 0.3% bump in workforce participation over the year (56 -> 57%), employer-based coverage about 40%
- Expected changes:
 - Processing eligibility redeterminations
 - Procedural/financial closure activity
 - Category of Eligibility transitions/churn



MEDICAID FMAP AND EFMAP INCREASE IMPACT

Federal Fiscal Year FMAP Changes

	FFY 2023 7-9/2023 2.5% Policy Adjusted			FFY 2024 10-12/2023 1.5% Policy Adjusted			FFY 2024 Post MOE Federal and State FFP		
	Federal Match %	State Match %	Ratio (Federal to State)	Federal Match %	State Match %	Ratio (Federal to State)	Federal Match %	State Match %	Ratio (Federal to State)
Traditional (PH & LTSS)	75.76%	24.24%	3.13	74.09%	25.91%	2.86	72.59%	27.41%	2.65
EFMAP	83.03%	16.97%	4.89	81.86%	18.14%	4.51	80.81%	19.19%	4.21
Other Adult Group (CY21)	90.00%	10.00%	9.00	90.00%	10.00%	9.00	90.00%	10.00%	9.00
	SFY 2024 Policy Adjusted FFP								
State FY 2024 Blended FFP	78.56%	21.44%	3.67						

The content of these slides, specifically references to the end of the Public Health Emergency, 6.2% FMAP, and Maintenance of effort requirements and timelines, is subject to change as a result of evolving federal guidance, experience, new information, changes in process requirements, and the availability of resources.

HOW A MEDICAID DOLLAR IS SPENT: MORE THAN 90% INVESTED DIRECTLY IN PATIENT CARE



Other Svcs: (BH, Dental, Clinic, Med Supplies, FQHC, Lab & Xray, Transp., Other, Subcap svc)