

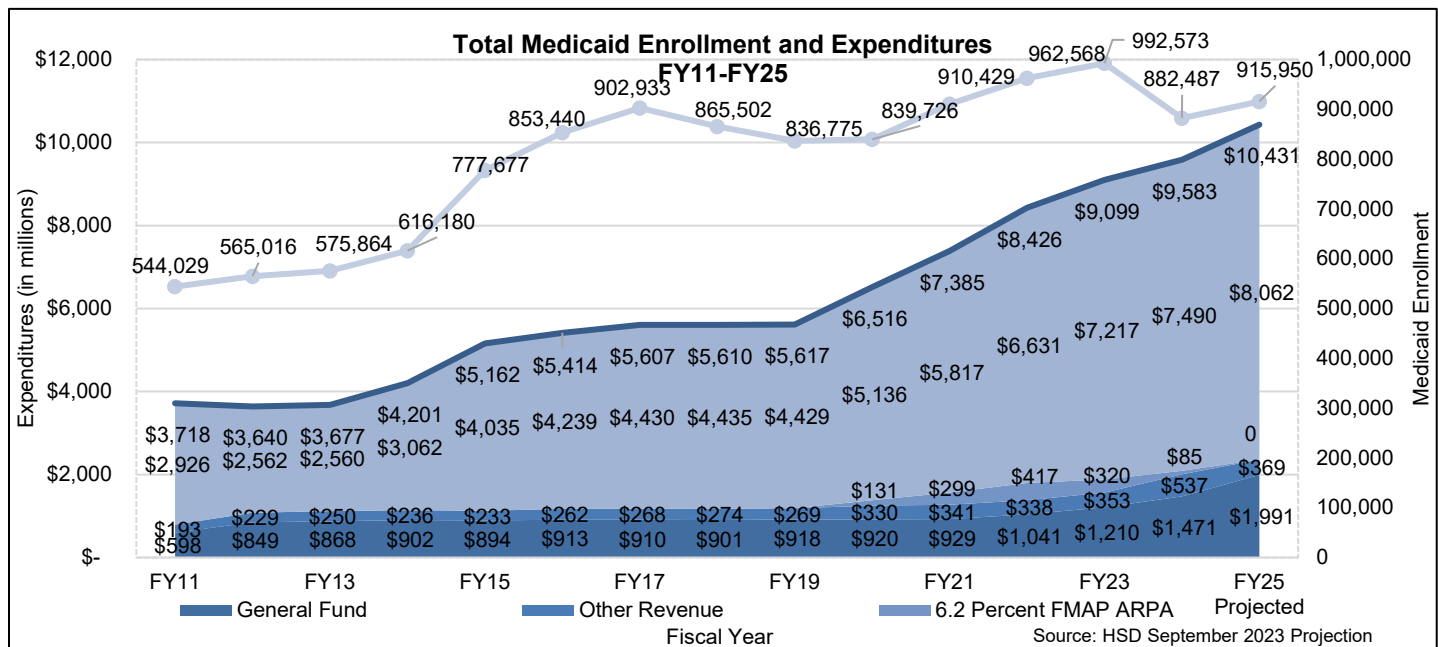
ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	No
Responsibility assigned?	No

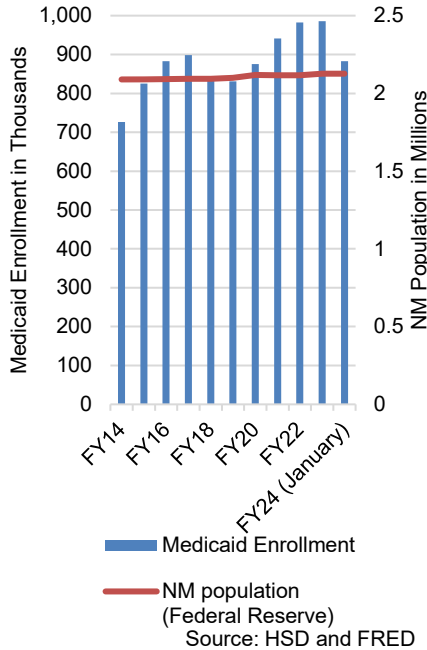
The Legislature has invested heavily in Medicaid over the last decade, including hundreds of millions in the past five years for provider rate adjustments. For FY25 and beyond, the Legislature built on these increases by injecting more than \$1 billion for additional rate adjustments primarily to hospitals, but also to increase reimbursement for rural primary care and developmental disability service providers. However, in the past, because of the managed care process and the need in many cases to renegotiate provider agreements, these rate adjustments have not always resulted in better rates or timely increases for providers. With close to half of the state's population enrolled in the Health Care Authority's (HCA) Medicaid Program, the authority will need to ensure new rate adjustments and other spending items are timely and reach intended providers.

With these investments the Legislature is expecting to see improvements in access to care. As documented in a 2022 LFC program evaluation on Medicaid network adequacy, most Medicaid enrollees' use of healthcare remains flat or has declined because of a lack of providers. The significant health challenges experienced by the state's Medicaid population, roughly half of all New Mexicans, will likely not improve if Medicaid enrollees continue having trouble making appointments. With greatly expanded funding, access should be the priority.

Projecting Future Needs. The Health Care Authority's December 2023 monthly statistical report, released in February, indicates there were 882,487 individuals that received Medicaid, 12.2 thousand fewer individuals than the department projected in January based on November data. Available data continues to indicate enrollment is trending downwards given the end of the public health emergency and economic improvement, including increases in labor force participation. The FY25 budget was largely based on the higher estimate. In the future, to ensure funds are allocated appropriately, the department will need to work with LFC to develop consensus and transparency around its budget projections.



Total Medicaid Enrollment and Population



A November 2023 Kaiser Family Foundation report on Medicaid disenrollments found that New Mexico had the highest percentage nationally of procedural disenrollments at 96.4 percent. Procedural disenrollments happen when people do not complete the renewal process, which typically happens because of outdated contact information or enrollees not completing the renewal process timely. The authority's contract with the call center provider is partially meant to help with the surge in renewal caseloads. One of the contract's performance standards is to ensure the daily call center abandonment rate does not exceed 5 percent. January 2024's abandonment rate was about 21 percent.

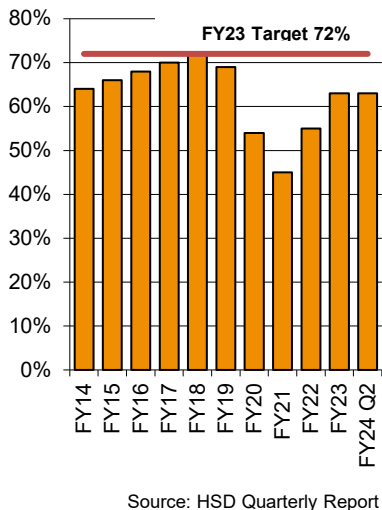
Medical Assistance Division

No Medicaid performance targets were met in the first half of FY24. There was some improvement from the first quarter on well child, prenatal, and dental visits. For well-child visits, HCA directed each of the Medicaid managed care organizations (MCOs) to reinvest a portion of the penalty dollars assessed for prior-year missed performance targets into HCA-developed initiatives targeting increasing wellness visits for children. HCA directed MCOs to incentivize providers that offer after-hour and weekend appointments for Medicaid members to receive child wellness visits, including immunizations.

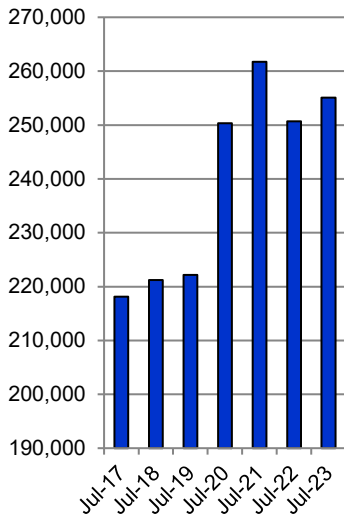
Budget: \$8,163,501.1	FTE: 221	FY22 Actual	FY23 Actual	FY24 Target	FY24 Q1	FY24 Q2	FY24 Q3	Rating
Infants in Medicaid managed care who had six or more well-child visits with a primary care physician during their first 15 months*								
		45%	63%	N/A	61%	63%		
Children and adolescents ages 3 to 21 enrolled in Medicaid managed care who had one or more well-care visits during the measurement year*								
		17%	44%	60%	35%	43%		R
Children ages 2 to 20 enrolled in Medicaid managed care who had at least one dental visit during the measurement year								
		38%	57%	68%	53%	63%		R
Hospital readmissions for children ages 2 to 17 within 30 days of discharge								
		7%	7%	<5%	8%	8%		R
Hospital readmissions for adults 18 and over within 30 days of discharge								
		11%	9%	<8%	13%	13%		R
Emergency department use categorized as nonemergent care								
		53%	57%	50%	57%	56%		R
Newborns with Medicaid whose mothers received a prenatal care visit in the first trimester or within 42 days of enrollment in the managed care organization								
		60%	80%	80%	64%	66%		R
Medicaid managed care members ages 18 through 75 with diabetes, types 1 and 2, whose HbA1c was <9 percent during the measurement year								
		77%	52%	65%	66%	63%		Y
Program Rating		R	R					Y

*Measure is classified as explanatory and does not have a target.

Children in Medicaid Receiving Annual Dental Visit



SNAP Caseload



Source: HCA

Income Support Division

The Income Support Division (ISD) fell short of all performance targets. Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) caseloads continued to be a drag on the authority's performance. For FY25, the program received \$14.1 million to expand the SNAP program. The expansion may further strain workloads leading to diminished performance.

The Workforce Solutions Department (WSD) is partnering with ISD to collaborate on employment placements for TANF Career Link Program and Wage Subsidy Program participants. WSD started a campaign called "Ready NM" with access to training, education, and employment resources that can assist TANF participants. HCA reports it is not meeting timeliness requirements for SNAP enrollments. The federal government requires enrolling 95 percent of expedited cases within seven days unless there is a waiver. ISD has hired contract staff to work on Medicaid recertifications and applications to allow ISD staff to work on SNAP Applications and recertifications to improve expedited timeliness. Using this method, ISD will be able to increase the overall timeliness in all areas.

Budget: \$1,327,713.6 FTE: 1,133	FY22 Actual	FY23 Actual	FY24 Target	FY24 Q1	FY24 Q2	FY24 Q3	Rating
Regular Supplemental Nutrition Assistance Program cases meeting the federally required measure of timeliness of 30 days	96%	38%	98%	36%	31%		R
Expedited Supplemental Nutrition Assistance Program cases meeting federally required measure of timeliness of seven days	92%	64%	98%	74%	61%		R
Temporary Assistance for Needy Families recipients ineligible for cash assistance due to work-related income	2%	7%	37%	2%			R
Two-parent recipients of Temporary Assistance for Needy Families meeting federally required work requirements	3%	12%	60%	12%	11%		R
All families receiving Temporary Assistance for Needy Families meeting federally required work requirements	3%	10%	37%	9%	16%		R
Program Rating	R	R					R

*Measure is classified as explanatory and does not have a target.

Child Support Enforcement Division

The Child Support Enforcement Division (CSED) is modernizing the program to set accurate child support obligations based on the noncustodial parent's ability to pay, alongside increasing consistent and on-time payments to families, moving nonpaying cases to paying status, improving child support collections, and incorporating technological advances that support good customer service and cost-effective

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Health Care Authority
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management practices. CSED expected performance to improve with these efforts; however, performance for all CSED performance metrics fell short of targeted levels but were close to meeting targets in a few areas.

CSED reported child support collections totaled \$27 million, resulting in collections falling short of the FY24 per quarter target of \$36 million. Beginning in January 2023, the distribution of child support payments moved to a Families First model, with more payments going directly to families and children rather than for TANF recoveries. This change was slated to improve the performance of child support owed that is collected. Performance on that measure was unchanged.

Budget: \$39,970.3 FTE: 370	FY22 Actual	FY23 Actual	FY24 Target	FY24 Q1	FY24 Q2	FY24 Q3	Rating
Noncustodial parents paying support per total cases with support orders	52%	50%	58%	50%	50%		R
Total child support enforcement collections, in millions	\$130.3	\$121	\$145	\$28	\$27		R
Child support owed that is collected	58%	58%	60%	56.8%	58%		Y
Cases with support orders	83%	84%	85%	85%	84%		Y
Total dollars collected per dollars expended	\$2.69	\$2.43	\$4.00	Annual			
Average child support collected per child*	\$127.9	\$124.5	N/A	\$118	\$118		Y
Program Rating	R	R					Y

*Measure is classified as explanatory and does not have a target.