



NOON ZOOM  
LORELEI KELLOGG  
ACTING MEDICAID DIRECTOR



## 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 make access EASIER**

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



### **We communicate EFFECTIVELY**

2. Create effective, transparent communication to enhance the public trust.



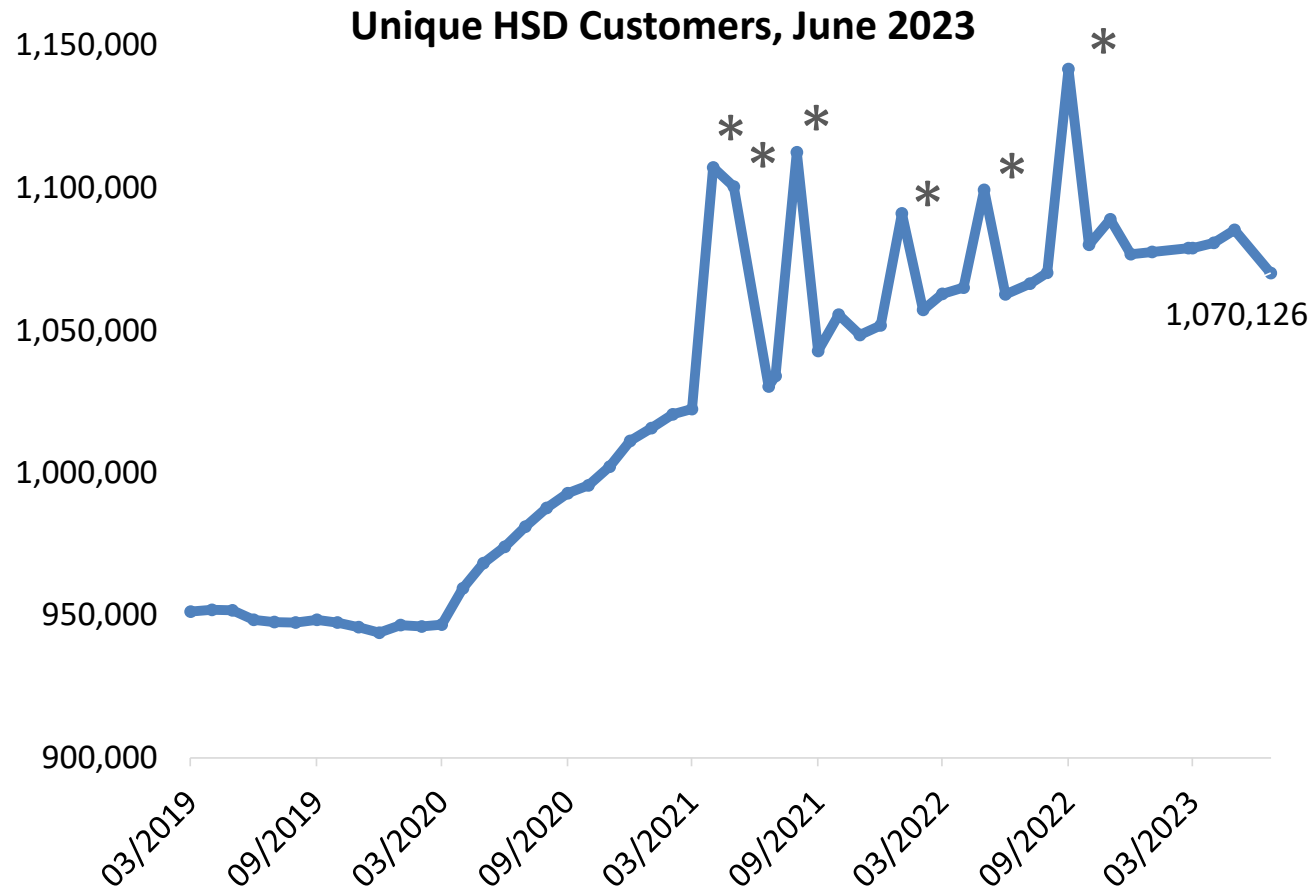
### **We support EACH OTHER**

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

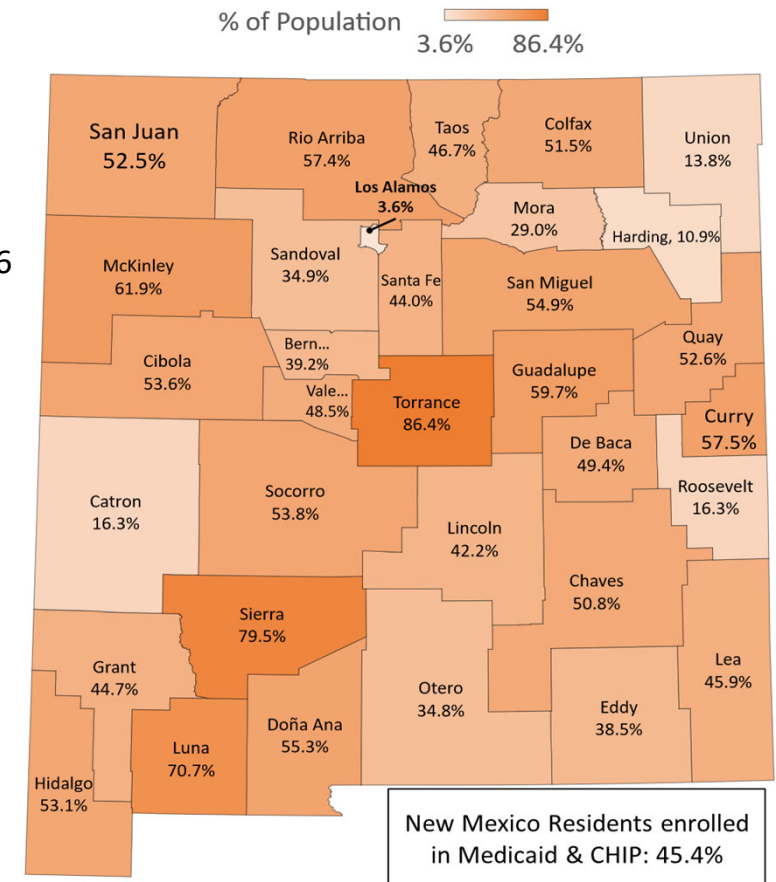


# HSD SERVES 51% OF YOUR CONSTITUENTS

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



\*Months with a Pandemic EBT Payment



Investing for tomorrow, delivering today.

# 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

\*\*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.

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

Source: <https://www.hsd.state.nm.us/>

# ARE WE SPENDING TOO MUCH ON MEDICAID?

New Mexico ranks 48<sup>th</sup> 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**



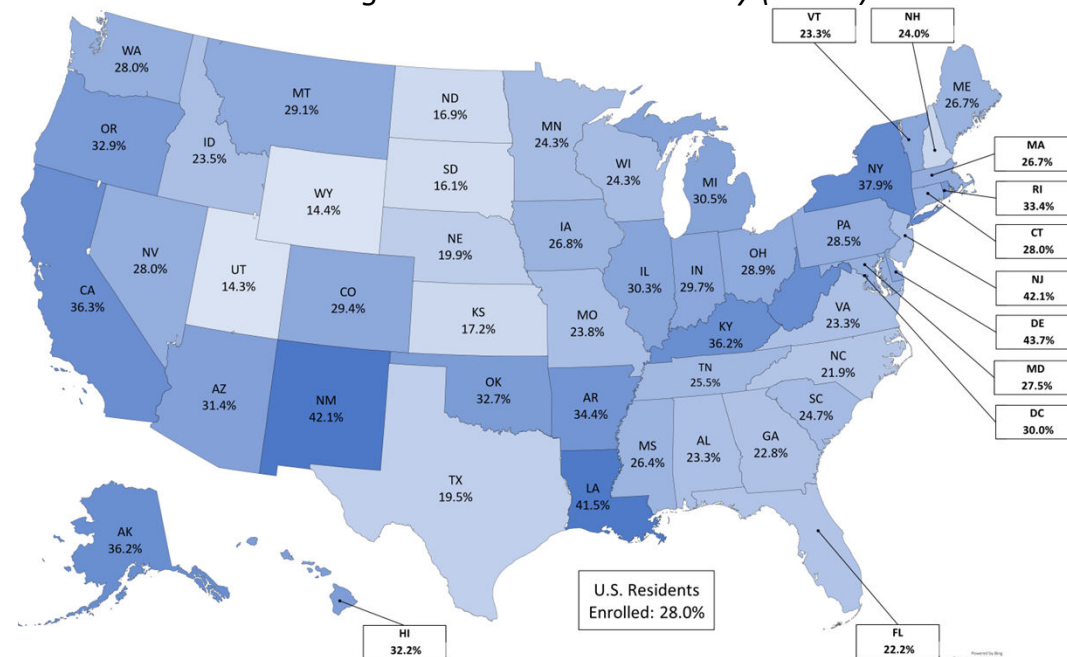
The content of these slides, specifically references to the end of the Public Health Emergency, 6.2% FMAP, and Maintenance of effort requirements and timelines, is subject to change as a result of evolving federal guidance, experience, new information, changes in process requirements, and the availability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

# MEDICAID IS A KEY STRATEGY IN TRANSFORMING HEALTHCARE IN NEW MEXICO

- 2023 HB2 appropriations **raised Medicaid reimbursement rates** to between 100% and 120% of Medicare for many providers.
- 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 2<sup>nd</sup> highest enrollment nationally (42.1%)*



## HB 2 PROVIDER RATE INCREASES

### Provider Rate Benchmarking Study

Preliminary Benchmarking –  
Phase 1

State of New Mexico  
Medical Assistance Division

March 9, 2022

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HSD completed a Provider Rate benchmarking study in 2022.

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From this study HSD targeted specific areas for recommended increases.

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HB 2 Raises Medicaid Maternal Health, Behavioral Health and Primary Care reimbursement rates to 120% of Medicare.

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



## HB2 PROVIDER RATE INCREASES CONT

- General Funds includes:
  - \$1m for rural Hospitals
  - \$1m for rural tribal/CAH
  - \$2m for FQHC's and rural PCP
  - \$23.6m for Hospitals/NFs up to 100% Medicare
  - \$49.6m for E&M codes up to 100%/120%

HSD/MAD initiated a workgroup in March

Federal authority required for increases/payments

Rate increase effective date of 7/1

# 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**.

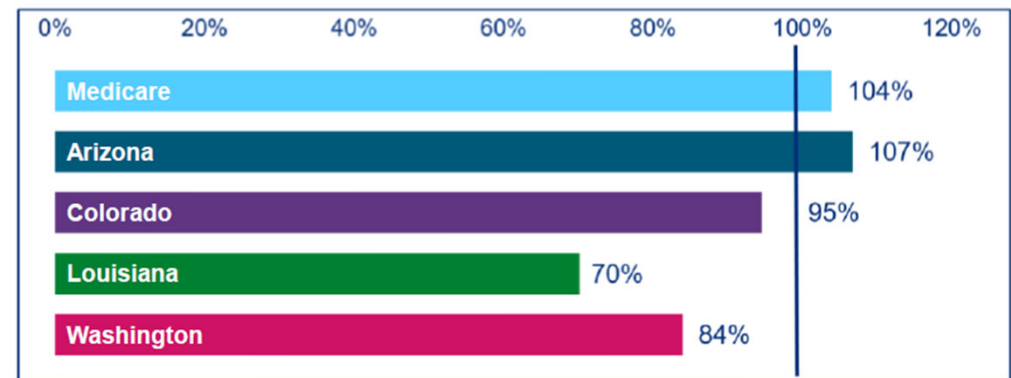
The Comprehensive Rate Review report is available on the HSD web site for review:

<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
<b>TOTAL</b>	<b>\$79,285</b>	<b>\$213,985</b>	<b>\$293,271</b>

# 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	<b>\$87,278</b>



# HOSPITAL VALUE-BASED PURCHASING

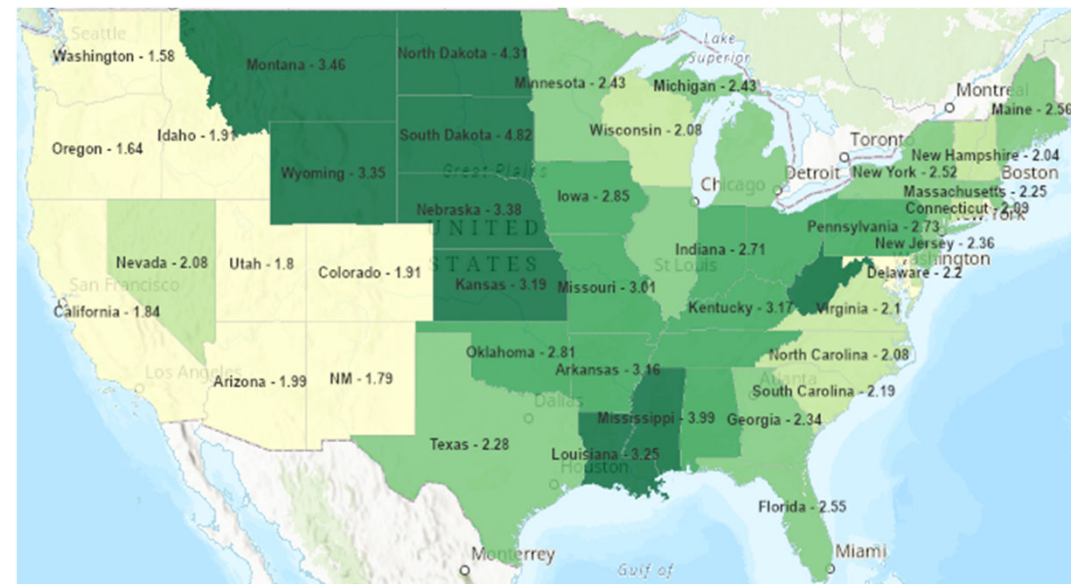
- Transition of \$69M former Safety Net Care Pool and Hospital Quality Incentive Initiative funding to a new Value-Based Purchasing program over 5-6 years.
- Currently in first full year for quality; hospitals paid for reporting.
- CY24 will be the first year to include payments tied to actual performance.
- 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://nmcdr.maps.arcgis.com/home/webmap/viewer.html?webmap=dc5a4b4a10f5458c8ccc\\_d1160c55710a](https://nmcdr.maps.arcgis.com/home/webmap/viewer.html?webmap=dc5a4b4a10f5458c8ccc_d1160c55710a)

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

# 1115 WAIVER INNOVATIONS

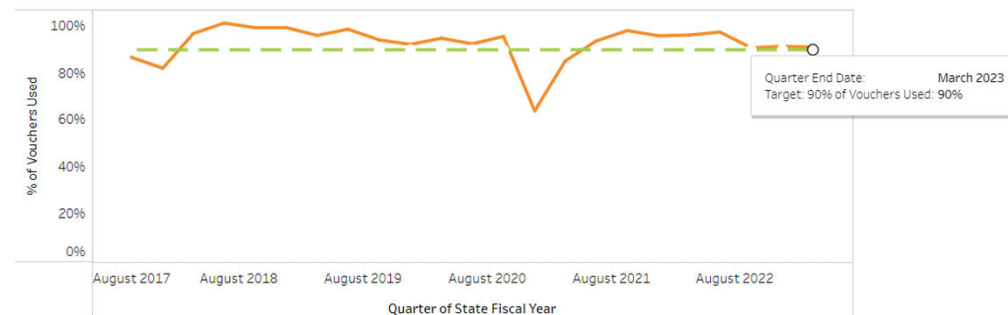
Turquoise Care



- 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>

## SB16 – CREATION OF HEALTH CARE AUTHORITY

- MAD internal workgroup focused on policy and compliance
- Plan to be developed/submitted by Nov 2023
- Includes DDSD, DHI, State Benefits

### AN ACT

RELATING TO EXECUTIVE REORGANIZATION; RENAMING THE HUMAN SERVICES DEPARTMENT AS THE HEALTH CARE AUTHORITY DEPARTMENT; CHANGING ITS POWERS AND DUTIES; PROVIDING FOR TRANSITION; TRANSFERRING FUNCTIONS, PERSONNEL, MONEY, APPROPRIATIONS, RECORDS, EQUIPMENT, SUPPLIES, OTHER PROPERTY, CONTRACTUAL OBLIGATIONS AND STATUTORY REFERENCES; AMENDING AND REPEALING SECTIONS OF THE NMSA 1978; RECONCILING CONFLICTING SECTIONS OF LAW IN LAWS 2019 BY REPEALING LAWS 2019, CHAPTER 211, SECTION 11.





# QUESTIONS & COMMENTS

*INVESTING FOR TOMORROW, DELIVERING TODAY.*