State of New Mexico Human Services Department,
Medical Assistance Division

# New Mexico Section 1115 Demonstration Waiver—COVID-19 Vaccine Amendment

*Evaluation Report*

February 2024

HSAG HEALTH SERVICES ADVISORY GROUP

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# Executive Summary

## COVID-19 Vaccine Amendment Overview

The Section 1115 of the Social Security Act provides states with an opportunity to design and test methods for providing and funding healthcare services that meet the objectives of the federal Medicaid program and Children's Health Insurance Program (CHIP) but differ from services required by federal statute through Section 1115 Demonstration Waivers. Section 1115 Demonstration Waivers allow states flexibility in how healthcare is provided within the state, within federal guidelines. The Centers for Medicare & Medicaid Services (CMS) has designed a national evaluation strategy to ensure that demonstrations meet program objectives and to inform future Medicaid policy.

New Mexico's Human Services Department (HSD) submitted a request to CMS for an amendment to its existing Section 1115 waiver demonstration, Centennial Care 2.0 (11-W-00285/6), to address the coronavirus disease 2019 (COVID-19) public health emergency (PHE). CMS approved the COVID-19 Vaccine Amendment to Centennial Care 2.0 on March 4, 2022, which will hereafter be referred to as the COVID-19 Vaccine Amendment. The COVID-19 Vaccine Amendment was retroactive from December 14, 2020, through March 10, 2021, and allowed New Mexico to provide expenditure authority for state payments to providers for the administration of a COVID-19 vaccine to individuals eligible for the optional COVID-19 group, which refers to those qualifying for emergency medical services for non-citizens (EMSNC) and individuals eligible for family planning benefits. The activities covered by this COVID-19 Vaccine Amendment were an attempt to mitigate the spread of COVID-19 by providing Medicaid coverage of the COVID-19 vaccine administration to these specific limited-benefit populations, who otherwise would not have full Medicaid coverage of the COVID-19 vaccine.

During the effective period of the COVID-19 Vaccine Amendment, COVID-19 vaccines themselves were Federally purchased, which meant the only expenditure authority necessary for this COVID-19 Vaccine Amendment was for payments to providers for administering the COVID-19 vaccine.[1] In short, the COVID-19 Vaccine Amendment assisted the state in providing funding to administer COVID-19 vaccines to the EMSNC and family planning groups to help prevent the spread of COVID-19. Beginning on March 11, 2021, the American Rescue Plan Act (ARPA) required states to cover vaccines and their administration for nearly all Medicaid members, including the EMSNC and family planning groups; therefore, the COVID-19 Vaccine Amendment's approval term ended.

## Methodology

Health Services Advisory Group, Inc. (HSAG), the independent evaluator, collected information from one key informant at HSD regarding the State's COVID-19 vaccination efforts and analyzed claims/encounter data to assess vaccination rates and expenditures among the COVID-19 Vaccine Amendment groups.[2] Information gathered from the key informant was synthesized to address key research questions related to the COVID-19

[1] Centers for Medicare & Medicaid Services. [Letter] Available at: https://www.medicaid.gov/sites/default/files/2022-03/nm-centennial-care-covid19-amndmnt-apprvl-ca..pdf. Accessed on Feb 15, 2024.

[2] It is important to note that the analysis was contingent on Medicaid claims/encounter data providing a complete, accurate, and consistent assessment of the COVID-19 vaccination rates among the Medicaid population.

Vaccine Amendment and the State's vaccination efforts in response to the COVID-19 PHE. Claims/encounter data were summarized to provide an assessment of the total and weekly expenditures related to the COVID-19 vaccine for the target COVID-19 Vaccine Amendment groups during the demonstration period, and estimated rates of vaccination for the target COVID-19 Vaccine Amendment groups. These metrics were designed to assess how the COVID-19 Vaccine Amendment expenditures impacted COVID-19 vaccination rates among the Amendment groups.

## Results

Table 1 shows that the analysis of claims/encounter data identified that 1.53 percent of the family planning group had a claim related to the COVID-19 vaccine between December 14, 2020, and March 10, 2021, and nearly a quarter (22.52 percent) of the EMSNC group had at least one Medicaid claim for a COVID-19 vaccine.

**Table 1—Vaccine Rates Among Eligibility Groups**

| Eligibility Category | Vaccination Rate | Members Receiving the Vaccine | Total Vaccinations | Total Members Enrolled | Total Expenditures | Per-Member Expenditures | Per-Vaccination Expenditures |
|---|---|---|---|---|---|---|---|
| Family Planning | 1.53% | 741 | 1,073 | 48,405 | $390,088 | $526 | $364 |
| EMSNC | 22.52% | 232 | 366 | 1,030 | $180,949 | $780 | $494 |

Note: This analysis relies on claims/encounter data, which may not provide a complete assessment of COVID-19 vaccinations among Medicaid members. It is possible members may have received the vaccine and it was not entered into the State's Medicaid encounter database. All expenditures represent the encounter header amount paid by the managed care organization (MCO) to provide and administer the COVID-19 vaccine. A complete set of procedure codes used to identify COVID-19 vaccine administration is provided in Appendix A.

Although the EMSNC group had a substantially higher vaccination rate, they also had a higher per-member vaccination-related expenditures, averaging $780, compared to $526 for the family planning group. Absent the Amendment, these limited-benefit eligibility groups would not have Medicaid coverage for the vaccine administration under the Medicaid state plan. Therefore, the expenditures for the Family Planning and EMSNC groups were necessary to promote HSD's objective of addressing and mitigating the spread of COVID-19 by increasing the availability of vaccines.[3]

### *Qualitative Perspective*

In January 2024, HSAG conducted a key informant interview with one State administrator from HSD. The interview was semi-structured based on guiding questions outlined in the CMS Approval Letter dated March 4, 2022, such as challenges, successes, and lessons learned related to the COVID-19 Amendment, and how the amendment furthered the State's response to the COVID-19 PHE. However, while the key informant HSD identified was able to provide a wealth of information related to the State's broader efforts to encourage and distribute the COVID-19 vaccination, the key informant was not familiar with the COVID-19 Amendment specifically. As described in the Methodological Limitations section, key staff familiar with the COVID-19 Vaccine Amendment had departed the organization prior to this evaluation. The interview focused on the general strategies that HSD utilized to address the COVID-19 PHE and deliver COVID-19 vaccinations to members.

[3] Centers for Medicare & Medicaid Services. [Letter] Available at: https://www.medicaid.gov/sites/default/files/2022-03/nm-centennial-care-covid19-amndmnt-apprvl-ca..pdf. Accessed on Feb 15, 2024.

Shortly after the COVID-19 PHE was declared, HSD formed a workgroup comprised of representatives from its managed care organizations (MCOs), government entities including the Department of Health and Public Education Department, and other medical organizations such as the New Mexico Medical Association. The workgroup's focus was to encourage Medicaid members to agree to be vaccinated against COVID-19. The key informant viewed these efforts as successful and noted that the collaboration through the workgroup fostered a continued partnership among the organizations that extended to issues outside the scope of COVID-19 vaccination. The key informant observed a significant unintended benefit of improved working relationships between HSD, its MCOs, professional organizations, and other State agencies.

At the same time, the State encountered challenges recalling details related to the development and administration of the COVID-19 Vaccine Amendment, primarily due to the departure of key staff. In the future, greater emphasis on thorough documentation and recordkeeping may help ensure that valuable institutional knowledge does not depart with staff members.

## Conclusions

The COVID-19 vaccination rate and per-member expenditures for COVID-19 vaccine administration were higher among members in the EMSNC group compared to members in the family planning group. Ultimately, the COVID-19 Vaccine Amendment served as an important mechanism to provide coverage for the COVID-19 vaccine administration among approximately 5 percent of the New Mexico Medicaid population prior to the ARPA expanding COVID-19 vaccination coverage to include these groups. This timing of the COVID-19 Vaccine Amendment was critical in addressing a resurgence of the COVID-19 virus in late 2020 to early 2021.[4]

## Lessons Learned and Best Practices

There were two primary lessons learned from the State's COVID-19 vaccination efforts in general, and specific to the COVID-19 Vaccine Amendment. First, the State successfully collaborated with 18 different organizations and agencies to inform Medicaid members about the availability and benefits of the COVID-19 vaccine. This effort, while outside the scope of the COVID-19 Vaccine Amendment, supported lasting relationships that extended into other areas of managing New Mexico's Medicaid program. The key informant attributed this to the workgroup's strategies of encouraging consistent and open communication and fostering a comfortable and collaborative environment in which participants felt heard and their input valued.

Second, the independent evaluator and the State encountered difficulties collecting information on activities related to developing and executing the COVID-19 Vaccine Amendment. Key staff involved in developing the Amendment had departed by the time the evaluation of the Amendment began. This limited the independent evaluator's ability to directly address key evaluation questions outlined in the CMS Approval Letter dated March 4, 2022. Maintaining consistent documentation and recordkeeping would allow HSD to preserve institutional knowledge when key staff depart. This includes documenting and preserving pertinent communication related to agency activities and development of policy documents.

[4] New Mexico COVID-19 Cases Update: Statewide and County-Level Trends, March 15, 2021. Available at: https://cv.nmhealth.org/wp-content/uploads/2021/03/State-Report_geotrends_03.15.21.pdf. Accessed on Feb 14, 2024.

# 1. Introduction

The Section 1115 of the Social Security Act provides states with an opportunity to design and test methods for providing and funding healthcare services that meet the objectives of the federal Medicaid program and Children's Health Insurance Program (CHIP) but differ from services required by federal statute through Section 1115 Demonstration Waivers. Section 1115 Demonstration Waivers allow states flexibility in how healthcare is provided within the state, within federal guidelines. The Centers for Medicare & Medicaid Services (CMS) has designed a national evaluation strategy to ensure that demonstrations meet program objectives and to inform future Medicaid policy.

## COVID-19 Vaccine Amendment Background and Goals

New Mexico's Human Services Department (HSD) submitted a request to CMS for an amendment to its existing Section 1115 waiver demonstration, Centennial Care 2.0 (11-W-00285/6), to address the coronavirus disease 2019 (COVID-19) public health emergency (PHE). CMS approved the COVID-19 Vaccine Amendment to Centennial Care 2.0 on March 4, 2022, which will hereafter be referred to as the COVID-19 Vaccine Amendment. The COVID-19 Vaccine Amendment was retroactive from December 14, 2020, through March 10, 2021, and allowed New Mexico to provide expenditure authority for state payments to providers for the administration of a COVID-19 vaccine to individuals eligible for the optional COVID-19 group, which refers to those qualifying for emergency medical services for non-citizens (EMSNC) and individuals eligible for family planning benefits. The activities covered by this COVID-19 Vaccine Amendment were an attempt to mitigate the spread of COVID-19 by providing Medicaid coverage of the COVID-19 vaccine administration to these specific limited-benefit populations, who otherwise would not have full Medicaid coverage of the COVID-19 vaccine.

During the effective period of the COVID-19 Vaccine Amendment, COVID-19 vaccines themselves were Federally purchased, which meant the only expenditure authority necessary for this COVID-19 Vaccine Amendment was for payments to providers for administering the COVID-19 vaccine.[1-1] In short, the COVID-19 Vaccine Amendment assisted the state in providing funding to administer COVID-19 vaccines and help prevent the spread of the COVID-19 virus. Beginning on March 11, 2021, the American Rescue Plan Act (ARPA) required states to cover vaccines and their administration for nearly all Medicaid members, including the EMSNC and family planning groups; therefore, the COVID-19 Vaccine Amendment's approval term ended.

[1-1] Centers for Medicare & Medicaid Services. [Letter] Available at: https://www.medicaid.gov/sites/default/files/2022-03/nm-centennial-care-covid19-amndmnt-apprvl-ca..pdf. Accessed on Feb 15, 2024.

# 2. Evaluation Design Summary

Because the coronavirus disease 2019 (COVID-19) Vaccine Amendment was a time-limited demonstration, CMS has simplified the monitoring and evaluation requirements.[2-1] As such, the data collected were designed to be meaningful, productive, and consistent with the applicable provisions of 42 CFR §§ 431.424 and 431.428, while not being unduly burdensome to the State. As such, Health Services Advisory Group, Inc. (HSAG) gathered qualitative data and conducted analysis on quantitative data through Medicaid claims and encounters designed to examine how the COVID-19 Vaccine Amendment facilitated the state's response to the COVID-19 public health emergency (PHE) and helped promote the objectives of Medicaid. The following sections outline the underlying Evaluation Design, including the research questions, target population, evaluation period, data sources, and methods.

## Evaluation Research Questions

The core objective of the evaluation of the COVID-19 Vaccine Amendment was to test whether and how the COVID-19 Vaccine Amendment expenditure authorities facilitated the State's response to the COVID-19 PHE. The research questions used to guide the evaluation are included in Figure 2-1.

**Figure 2-1—Research Questions**

- What challenges did the State encounter when implementing the expenditure authority?
- Were there challenges associated with engaging with members or conducting member outreach?
- What facilitators of success did the State encounter when implementing the expenditure authority?
- Did the Amendment help reduce barriers to care?
- What were the principal lessons learned for addressing any future public health emergencies?
- What were the administrative and medical expenditures associated with the Amendment?

## Target Population and Evaluation Period

Table 2-1 contains pertinent study design details including the target population of the COVID-19 Vaccine Amendment and the evaluation period timeframe.

**Table 2-1—Study Design Details**

| | |
|---|---|
| **Target Population** | • Individuals eligible for the optional COVID-19 group, as described in section 1902(a)(10)(A)(ii)(XXIII), also referred to as the EMSNC group.<br>• Individuals eligible for family planning benefits, as described in sections 1902(a)(10)(A)(ii)(XXI) and 1902(ii), also referred to as the family planning group. |
| **Evaluation Period** | December 14, 2020–March 10, 2021 |

Note: EMSNC: emergency services for non-citizens

[2-1] Centers for Medicare & Medicaid Services. [Letter] Available at: https://www.medicaid.gov/sites/default/files/2022-03/nm-centennial-care-covid19-amndmnt-apprvl-ca..pdf. Accessed on Feb 15, 2024.

Throughout the evaluation period, there were 48,405 members enrolled in the family planning group, and 1,030 members enrolled in the emergency medical services for non-citizens (EMSNC) group.

# Data Sources

## *Key Informant Interviews*

To better understand the challenges presented by the COVID-19 PHE to the Medicaid program, how flexibilities of the COVID-19 Vaccine Amendment assisted in meeting those challenges, and any lessons learned for responding to similar PHEs in the future, the independent evaluator solicited input from key staff familiar with the COVID-19 Vaccine Amendment. The key informant interviewee was identified by HSD based on their subject matter expertise with the COVID-19 PHE. As described in the Methodological Limitations section, key staff familiar specifically with the COVID-19 Vaccine Amendment departed the organization prior to this evaluation. Consequently, the interview primarily focused on general strategies HSD took to address the COVID-19 PHE through member education, outreach, and promotion of the COVID-19 vaccine.

## *Administrative Data*

Administrative data including Medicaid eligibility, enrollment, and claims/encounter data were utilized to conduct the quantitative component of this evaluation. Data were limited to claims for members with a Medicaid eligibility Aid Category of '085' and Federal match rate code of '8' for those in the EMSNC group and '029' to identify members eligible for family planning benefits. A complete list of procedure codes used to identify COVID-19 vaccine administration is provided in Appendix A.

# Analytic Methods

## *Qualitative Analysis*

The key informant interview with an HSD State administrator was conducted through a semi-structured interview using a protocol developed to address the research questions presented in Figure 2-1. The interview was transcribed and summarized in conjunction with the results of the quantitative data analysis to provide an in-depth discussion of each of the domains/objectives considered.

## *Quantitative Analysis*

A descriptive time series analysis was used to calculate the number of Medicaid members enrolled in the target population receiving the COVID-19 vaccine during the evaluation period, and associated Medicaid expenditures for COVID-19 vaccines, as identified through the amount paid by managed care organizations (MCOs).

# Methodological Limitations

## *Data Sources*

The data used in this report included claims/encounter data and one key informant interview. The number of vaccinations and associated expenditures were contingent on Medicaid claims/encounter data providing a complete, accurate, and consistent assessment of the COVID-19 vaccination rates among the Medicaid population. It is possible members may have received the vaccine and it was not entered into the State's Medicaid encounter database (e.g., it may have been routed through the State's immunization registry instead). Additionally, the claims/encounter data did not include line payment amounts for all claims; specifically claims among members in Aid Category "029" (the family planning benefit group). As a result, the header amount paid field was utilized to calculate total expenditures. This limited the ability to determine the specific services and procedures contributed to the total amount paid.

Only one key informant interview was conducted for inclusion in this report. HSD State administrators familiar with the COVID-19 Vaccine Amendment had departed HSD prior to being contacted for an interview. One State administrator in charge of a COVID-19 vaccine workgroup remained, who HSD identified for interview. The State administrator interviewed provided details that would have been otherwise unavailable if only a quantitative analysis had been performed. Because only one key informant was identified, general themes were unable to be identified across a wide array of informants and allowed for potential bias to be included in the analysis. The key informant was not familiar with the COVID-19 Vaccine Amendment and was therefore unable to speak directly to its related activities and instead explained the general strategy HSD used to help mitigate the COVID-19 PHE.

# 3. Results

The following section details qualitative and quantitative results for the coronavirus disease 2019 (COVID-19) Vaccine Amendment. This report provides high level results of New Mexico's Human Services Department's (HSD's) response to the COVID-19 public health emergency (PHE) including HSD's response specific to the COVID-19 Vaccine Amendment.

## Qualitative Results

In January 2024, Health Services Advisory Group, Inc. (HSAG) conducted a key informant interview with one State administrator from HSD. The interview was semi-structured and focused on HSD's strategy to mitigate the COVID-19 PHE from April 2020 to September 2022. The interview focused on the general strategies that HSD utilized to address the COVID-19 PHE and deliver COVID-19 vaccinations to members. While the interview discussion was not specific to the COVID-19 Vaccine Amendment, the general strategies deployed may have informed the efforts taken to enact the COVID-19 Vaccine Amendment.[3-1]

Beginning in April 2020, HSD formed a COVID-19 workgroup with managed care organizations (MCOs), government entities including the Department of Health and Public Education Department, and other medical organizations such as the New Mexico Medical Association. The workgroup primarily focused on planning COVID-19 vaccine distribution efforts in anticipation of a vaccine becoming available and executing these planned strategies for its distribution. During meetings, the attendees discussed and developed methods to promote and incentivize vaccinations. For example, once vaccines were available, the MCOs held several events where members could receive vaccinations. Specific vaccination strategies and events for children and their parents and home-bound members are displayed in Table 3-1.

**Table 3-1—Vaccination Strategies**

| Target Population | Strategies and Events |
|---|---|
| Children and Their Parents | • Back to school events<br>• Sporting events<br>• Free shoe drive<br>– Children received a free pair of shoes for getting vaccinated |
| Home-Bound Members | • EMS delivery<br>– EMS provided vaccines to home-bound members. |

Note: EMS: emergency medical services.

The COVID-19 workgroup was successful in its goal of vaccinating members throughout the State. The interviewed State administrator attributed the workgroup's communication and dedication towards mitigating COVID-19 to its success. When developing the workgroup, its leader fostered a welcoming environment for all participants in which they were encouraged to propose discussion items. Those who were hesitant to share or participate could privately send the leader of the workgroup questions or relevant materials; the leader then

[3-1] As described in the Methodological Limitations section, key staff familiar with the COVID-19 Vaccine Amendment departed the organization prior to this evaluation.

reviewed and disseminated responses or materials appropriately. Despite the dissolution of the workgroup in September 2022, the relationships between the participating organizations persisted.

While the workgroup was successful overall, it did face barriers and challenges. Due to the number of organizations involved, the workgroup struggled to identify meeting times. Additionally, it was difficult to align perspectives regarding how to collect data. To mitigate this, the leader of the workgroup developed a reporting template and submitted it to the MCOs. The MCOs provided feedback on the template and agreed on how the template should be used. Later, the MCOs used the reporting template to track the number of members that were vaccinated in each age group and specialty population, such as home-bound members.

## Quantitative Results

Figure 3-1 illustrates the changes in expenditures related to COVID-19 vaccine administration and numbers of related claims among both eligibility groups during the evaluation period. Over the period covered by the COVID-19 Vaccine Amendment, there were 1,073 vaccine-related claims among the family planning group, while the emergency medical services for non-citizens (EMSNC) group only had 366 vaccine-related claims. Overall, the members eligible for the family planning benefits saw a much larger increase in total expenditures related to the COVID-19 vaccine administration compared to members eligible for the EMSNC group during this period. Both groups saw a peak in total vaccine expenditures during the week of February 7, 2021, with $74,498 and $32,774 spent among the family planning and EMSNC groups, respectively. By the time the COVID-19 Vaccine Amendment was set to expire, trends in vaccine-related expenditures had begun to decline from their peak, though expenditures were still around $28,000 for the family planning group and $11,000 for the EMSNC group.

**Figure 3-1—Vaccine Expenditures Among Eligibility Groups**

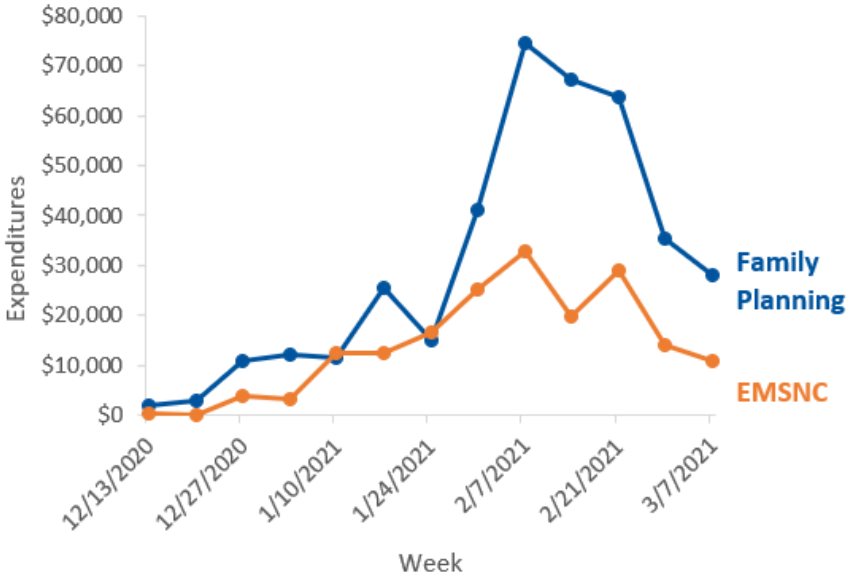
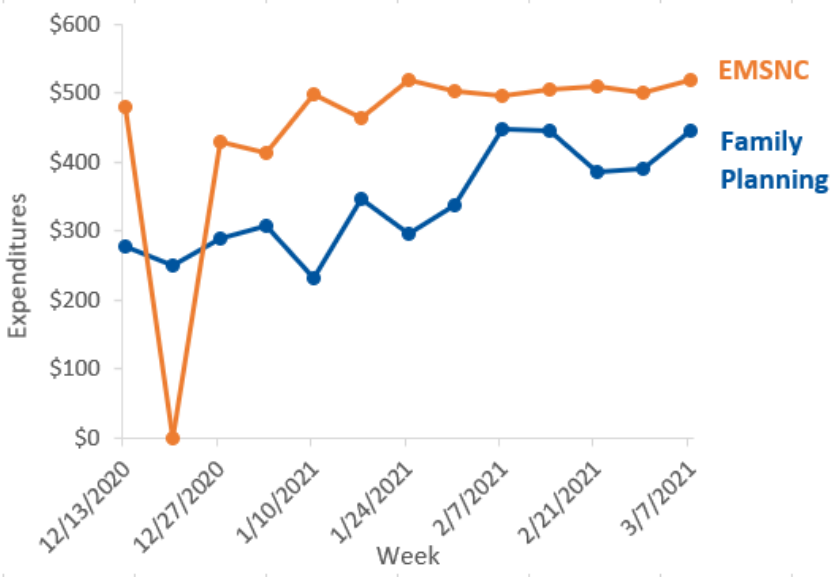



Figure 3-2 shows the weekly per-member expenditures related to COVID-19 vaccine administration for the family planning and EMSNC groups. Both the family planning and the EMSNC groups exhibited a general increase in expenditures throughout the COVID-19 Vaccine Amendment's period, with a peak of $448 per-member for the family planning group and $519 per-member for the EMSNC group.

**Figure 3-2—Vaccine Expenditures per Member Among Eligibility Groups**




Further, Table 3-2 shows that the percentage of members who received vaccinations during the COVID-19 Vaccine Amendment period for the EMSNC group far outpaced that of the family planning group. The EMSNC group had a COVID-19 vaccination rate of 22.52 percent while the family planning group had a vaccination rate of 1.53 percent. Notably, the EMSNC group had a much smaller number of individuals and had a higher rate of subsequent dosages, averaging 1.58 claims per member (366/232) compared to 1.44 for the family planning group. The COVID-19 Vaccine Amendment intended to provide COVID-19 vaccination coverage to members who would otherwise not have received that benefit under the state plan. As such, the COVID-19 Vaccine Amendment may have contributed to the higher vaccination rate for the EMSNC group before the American Rescue Plan Act (ARPA) expanded COVID-19 vaccination coverage requirements. However, this group also had the highest per-member amendment-related expenditures at $780 throughout the evaluation period, which totaled $180,949.

**Table 3-2—Vaccine Rates Among Eligibility Groups**

| Eligibility Category | Vaccination Rate | Members Receiving the Vaccine | Total Vaccinations | Total Members Enrolled | Total Expenditures | Per-Member Expenditures | Per-Vaccination Expenditures |
|---|---|---|---|---|---|---|---|
| Family Planning | 1.53% | 741 | 1,073 | 48,405 | $390,088 | $526 | $364 |
| EMSNC | 22.52% | 232 | 366 | 1,030 | $180,949 | $780 | $494 |

Note: This analysis relies on claims/encounter data, which may not provide a complete assessment of COVID-19 vaccinations among Medicaid members. It is possible members may have received the vaccine and it was not entered into the State's Medicaid encounter database. All expenditures represent the encounter header amount paid by the MCO to provide and administer the COVID-19 vaccine. A complete set of procedure codes used to identify COVID-19 vaccine administration is provided in Appendix A.

## Conclusions

The COVID-19 PHE Vaccine Amendment provided reimbursement to providers for administering the vaccine to members qualifying for Medicaid through the family planning benefit and the EMSNC eligibility groups between December 14, 2020, and March 10, 2021. These groups were targeted under the COVID-19 Vaccine Amendment

because they otherwise would not have been eligible to receive administration of the COVID-19 vaccine through Medicaid until March 11, 2021, when the ARPA required states to cover vaccines and their administration for nearly all Medicaid members, including the EMSNC and family planning groups.

Analysis of claims and encounter data show that 1.53 percent of the family planning group and nearly a quarter (22.52 percent) of the EMSNC population received the vaccine during the evaluation period. While the COVID-19 Vaccine Amendment appears to have been successful in providing vaccination coverage for these two eligibility groups, expenditures on a per-member as well as per-vaccination basis related to vaccine administration were greater among the EMSNC group than that of the family planning group. Nevertheless, these expenditures helped further the State's response to the COVID-19 PHE by providing necessary vaccinations.

Although limited information regarding the COVID-19 Vaccine Amendment was available through interviews, the State's broader response to the COVID-19 PHE also fostered closer working relationships among HSD, contracted MCOs, professional organizations, and other State agencies. These improved working relationships positively impacted broader collaboration throughout the Medicaid program and is expected to continue. Some keys to success included consistent communication and fostering an environment in which attendees felt comfortable asking questions, such as by ensuring members had a place on meeting agendas and allowing time for Q&As (with questions solicited in advance).

# 4. Lessons Learned and Best Practices

New Mexico's Human Services Department's (HSD's) response to the coronavirus disease 2019 (COVID-19) public health emergency (PHE) and associated efforts to promote vaccination involved a collaborative effort with 18 different organizations and agencies to inform Medicaid members about the availability and benefits of the COVID-19 vaccine. This effort, while outside the scope of the COVID-19 Vaccine Amendment, supported lasting relationships that extended into other areas of managing New Mexico's Medicaid program. The key informant attributed this to the workgroup's strategies of encouraging consistent and open communication and fostering a comfortable and collaborative environment in which participants felt heard and their input valued. This collaboration led to a successful campaign to encourage members to vaccinate themselves against the COVID-19 virus, the primary objective of the workgroup.

The State presented its experience with this workgroup to the National Association of Medicaid Directors and encouraged other states to incorporate similar strategies. Among best practices cited by HSD, the workgroup was consistent, allowed for open communication, and fostered a comfortable and collaborative environment in which participants felt heard and their input valued.

No significant barriers or challenges were reported when developing and implementing the COVID-19 Vaccine Amendment; however, the independent evaluator and the State encountered difficulties collecting information on activities related to developing and executing the COVID-19 Vaccine Amendment. Maintaining consistent documentation and recordkeeping would allow HSD to preserve institutional knowledge when key staff depart. This includes documenting and preserving pertinent communications related to agency activities and development of policy documents.

# Appendix A. Procedure Codes Included in Analysis

Table A-1 provides the list of Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) procedure codes for COVID-19 vaccinations used in the analysis.

**Table A-1—COVID-19 Immunization Codes**

| | |
|---|---|
| **Immunization Codes** | 91300, 91301, 91303, 91304, 91305, 91306, 91307, 91308, 91309, 91311, 91312, 91313, 91314, 91315, 91316, 91317, 0001A, 0002A, 0003A, 0011A, 0012A, 0013A, 0031A, 0034A, 0004A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0124A, 0134A, 0144A, 0154A, 0164A |