2019
Title X Family Planning Program (FPP)
Protocol Update

August 26, 2019
Revised August 30, 2019
Objectives

• Become aware of FPP staff, their roles, and plan for implementation of federal rule for Title X services

• Learn Protocol Updates for HPV testing and Laboratory Services Covered by the FPP and Standing Order for PHO nurses to dispense Quickstart

• Understand and be able to apply Protocol Updates for Contraceptive Methods and Consents

• Identify Protocol Revisions for Fee Collection, Core Services, Immunizations, Formulary List, Referral List, and Staff Orientation and Training
Protocol Update is now posted:

https://nmhealth.org/about/phd/fhb/fpp/pvdr
2019 Title X Final Rule

- OPA issued guidance for rule in August
- Steps for compliance are due to OPA in September
- Changes include new guidance for counseling & referrals for pregnant clients
- FPP will provide training and updates for all Title X clinics
- FPP will work with DNS to provide information to PHO staff & will work with each contract site individually
- Questions contact susan.lovett@state.nm.us
Appendix B
Fee Collection

Update

Mercy Gonzales-Clay
and
Cindy Martinez
Fee Collection Protocol - Appendix B

Updated Sliding Fee Scale
• Updated every year around late January or February.

Work Study
• We are now including Work Study as Household Income.

HIPAA Consents
• For PHOs must be completed annually per BEHR training
Fee Collection Protocol - Appendix B

Hardship Process

• Temporary situations
  ➢ Illness
  ➢ Fire
  ➢ Theft
  ➢ Job loss (furlough)

• Reviewed and determination is made by both the clerk/receptionist and nurse/clinic manager.
Fee Collection Protocol - Appendix B

Hardship Process (continued)

- Client/patient completes a new Income Worksheet for that visit only.
- Charges for subsequent visits revert back to the client/patient’s recent Income Worksheet or percentage-pay until that has expired.
- Permanent situations require a new annual Income Worksheet completed.
Hardship Process (continued)

- A client/patient is able to document a hardship as many times as necessary.
Fee Collection Protocol - Appendix B
Deposit Slip & Bank Transaction Receipt for PHOs only
Monthly Report for PHOs only

- Due in the Family Planning Office no later than the 5th of the following month.
- Must be submitted even if there are no percent-pay clients for the month.
- Secure email to Margie Vigil at Margie.Vigil@state.nm.us
HPV Testing & Laboratory Services
and
Standing Order for Quickstart

Update

Dr. Christopher Novak
HPV Testing

- Nearly all cases of cervical cancer caused by infection with sexually transmitted high-risk types of human papillomavirus (HR-HPV)
  - HR-HPV also causes most anal cancers; many vaginal, vulvar, and oropharyngeal cancers; and some penile cancers
- Cervical CA screening now has three approaches:
  - HPV testing
  - Pap testing
  - HPV/Pap co-testing
    - Reflex testing (automatic or ordered) = HPV following abnormal Pap

Source: www.cancer.gov/types/cervical/pap-hpv-testing-fact-sheet
PHD HPV Testing

• PHD has limited HPV testing for BCCP clients

• Problem:
  • Not all Regions or offices have BCCP services
  • Not all clients who could benefit from HPV testing qualify for BCCP

  Results in referrals for testing (possible loss to follow-up due to inconvenience, cost, etc.)

• FPP and BCCP worked together to evaluate adding HR-HPV testing to FPP services
USPSTF 2018

- Women ages 21 through 29 should be screened with a Pap test every 3 years
- Women ages 30 through 65 should be screened with any of three tests:
  - every 5 years with high-risk HPV testing alone
  - every 5 years with Pap and high-risk HPV co-testing
  - every 3 years with a Pap test alone
- Women w/certain risk factors (e.g., HIV, DES, prior cervical cancer) may need more frequent screening or to continue screening beyond age 65
- Screening for cervical cancer is not recommended for:
  - women < 21 years
  - women > 65 years w/adequate prior screening, with normal results, and not otherwise at high risk for cervical cancer
  - women who have had TAH (surgical removal of uterus and cervix) and no history high-grade cervical lesions or cervical cancer

HPV Costs: Benefits

• Approximate Costs (CDD)
  • Pap: $10.82/test
  • Path review of abnormals: $3.00/test
  • High-risk HPV: $20.00/test

• Benefits
  • MCO reimbursement (only):
    • Pap ≈ $27.67/test
    • HPV $36.65/test
  • Co-testing preferred for some results
  • Reduced referrals/colposcopies
Strategy

• Reviewed options, developed strategy based on:
  • Screening/testing recommendations
  • Cost
  • Reimbursement
    • Self-pay for commercial insurance, uninsured – but must offer service - estimate small net cost to FPP
  • Resource availability
  • Other resources (e.g., BCCP)
# FPP 2019 HR-HPV Testing

## Family Planning HPV Guide

**HPV with Initial Abnormal Pap - Covered by Family Planning**
- Cytology negative but Absent or Insufficient EC/TZ in women aged 30 years and older
- ASC-US in women aged > 24 years

**HPV Follow-up Testing - Covered by Family Planning**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Follow-up Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women ≥ Age 30, who are cytology negative but HPV positive</td>
<td>Co-testing at 12 months&lt;br&gt;*Note: this should only occur if client had co-testing for screening done by an outside provider – routine screening where an HPV test would occur on a cytology negative specimen is not a covered service for FPP</td>
</tr>
<tr>
<td>ASC-US and HPV negative in women aged &gt; 24 years</td>
<td>Co-testing at 3 years</td>
</tr>
<tr>
<td>LSIL cytology and a HPV negative test in women aged &gt; 24 years (not pregnant)</td>
<td>Co-testing at 12 months</td>
</tr>
<tr>
<td>AGC not otherwise specified cytology in whom CIN2+ is not identified</td>
<td>Co-testing at 12 months and 24 months</td>
</tr>
<tr>
<td>Management of Women &gt; 24 years with No Lesion or Biopsy-confirmed Cervical Intraepithelial Neoplasia – Grade 1 (CIN1) Preceded by ASC-US or LSIL Cytology</td>
<td>Co-testing at 12 months</td>
</tr>
<tr>
<td>Management of Women with No Lesion or Biopsy-confirmed Cervical Intraepithelial Neoplasia – Grade 1 (CIN1) Preceded by ASC-H or HSIL Cytology</td>
<td>Co-testing at 12 months and 24 months</td>
</tr>
</tbody>
</table>

## HPV Testing Not Covered by Family Planning

- Routine co-testing (screening)
- Unsatisfactory cytology
- Cytology negative but Absent or Insufficient EC/TZ in women aged 21-29 years
- ASC-US or LSIL in women aged 21-24 years
- ASC-H or HSIL
- Atypical Glandular cells (AGC) or Cytologic Adenocarcinoma In Situ (AIS)
- ASC-US or LSIL cytology followed by CIN 1 in Women Aged 21-24 years
- LSIL in postmenopausal women (not FPP eligible)
- LSIL in pregnancy

*Note: the above does not cover every situation where HPV testing may be indicated by guidelines. It provides guidance on common situations where HPV testing is or is not covered by the FPP (either due to resources or recommendations). If uncertain, review current Pap testing guidelines, and consult with a Regional Health Officer or FPP as needed.*
How To Order Paps in BEHR

Pap Only – as usual
Reflex - if receive abnormal Pap result where HPV testing would be of benefit:

• Go to the BEHR chart for the original visit and add the test – save and sign.
• The charge for the Thin Prep HPV crosses to the encounter form for the original visit. Go to the encounter form and submit. BEHR team will see late charge has been added for the Thin Prep HPV.
• In AFTIS, go to the order and enter the Accession Number for the original liquid-based Pap into the HPV order; OR
• Call the Center for Disease Detection (CDD) at 1-888-858-8663, Extension 1 (Client Care) to add HPV testing.

Co-Testing – order in BEHR
Ordering Issues*

• If clinician orders the HPV, make sure nurse is aware
  • Lab will already have the specimen - may cause confusion if the nurse doesn’t have a specimen to stick a label on
  • Put the label in the CLIA log - bar code label can be shredded if the liquid is already at the lab (unless use Amendment Form, see below)

• IF accession number is not recognized by AFTIS:
  • Occasionally happens – always when clinician orders HPV before the Pap results are received back into BEHR
  • Nurse or clinician complete Amendment Form and fax to CDD (don’t call)
    • Bar code label and previous accession number go on Form
      • Accession number includes all numbers except the year (e.g., 0149250080532019 - do not enter the 2019)
    • Fax to 888-858-8664 (on form)

*Thanks to Ronda Anaya!
Issues

• Do not use/rely on reflex testing order in BEHR
  • Some specimens not suitable for co-testing (acid wash)
  • CDD contract only set reflex for ASC-US, not LSIL
  • Some specimens should NOT have HPV testing (e.g., ASC-US in 21-24 y.o.)
    • Waste of resources

• CDD keeps specimen 21 days – must order HPV within that period

• If acid-washed, would need a new specimen for HPV
What about BCCP?

- Still an option for eligible clients
  - Uninsured/underinsured
  - ≥ 21 years of age
  - Especially if not FPP eligible (e.g., postmenopausal, post-sterilization) or suspect cancer – and maybe if can’t afford sliding fee

- Offering HPV testing with FPP and BCCP maximizes resources for client services

- BCCP less concerned with visit counts
  - FPP counts visits for federal reporting
QuickStart Update

Simple:
• QuickStart minimum interval now ≥1 year (since last visit)
• Verbal order always an option
• Clients should be scheduled for a clinician visit at the earliest available time.
Contraceptive Methods
Consent for Procedure
Reproductive Health ECHO Update

Dr. Rameet Singh
Implant - Insertion

- Non-dominant arm flexed at the elbow
- Externally rotated so hand is underneath or close to her head
Implant - Insertion

- Identify insertion site overlying triceps muscle
- 8-10 cm from the medial epicondyle of the humerus and
- 3-5 cm posterior to the sulcus
Implants

- Product labeling states that the implant is to be used for no more than 3 years.
- Reasonable evidence shows that the implant is effective for longer.
- With appropriate counseling a patient may choose to keep her implant in for 4 years.
Implant – Consent form

- **RISKS:** I understand that I should not use the contraceptive implant if I have any of the following conditions, which I **do not have:** pregnancy or active breast cancer. (Section 2: Pg 9)
IUD Health Screening/Exam

• Previous requirement of GC/CT screening within 3 months

• Now requirement is within 1 year

• Positive CT within the last 12 months does not preclude a woman from getting an IUD if she has been appropriately treated.
IUD/Implant Consent for Procedure

• Before insertion/removal the consent form will be reviewed with the patient by the nurses (or medical assistants where applicable) and clarified by the clinician, signed and dated by the client.

• Clinician Clarification
Category 4 for LNG IUD insertion

1. Distorted uterine cavity (any congenital or acquired uterine abnormality distorting the uterine cavity in a manner that is incompatible with IUD insertion)
2. Current breast cancer
3. Cervical cancer (awaiting treatment)
4. Endometrial cancer
Category 4 for LNG IUD insertion

5. Pregnancy

6. Current purulent cervicitis or chlamydial infection or gonococcal infection

7. Pelvic tuberculosis

8. Unexplained vaginal bleeding
I realize that I should not use the IUD if I have any of the following conditions, which I do not have: a distorted uterine cavity, pregnancy, current chlamydial or gonococcal infection, pelvic tuberculosis, unexplained vaginal bleeding, or active breast, cervical, uterine cancer or endometrial cancer ____ (client initials)

• (Section 2: Pg 23)
Important Update

LILETTA® is now FDA approved to prevent pregnancy for up to 5 years

Learn More About LILETTA
Reproductive Health ECHO

2nd and 4th Monday, from 12:00 pm to 1:10 pm (MT)

For more information contact: ReproductiveHealthECHO@salud.unm.edu

If you would like to register for Reproductive Health ECHO, click here.

Resources

• Link to Curriculum
• Link to Case Form
Core Services
Special Populations
Immunizations
Formulary List

Update

Georgina Gomez-Lieberman, PNP
Core Services

In 2019, OPA outlined that each project should offer core family planning services that include:

- Instruction in fertility awareness-based methods (previously referred to as natural family planning) that includes staff who are specifically trained in providing instruction in these methods
Core Services

Services centered around pre-conception health and achieving pregnancy, which should include:

➢ Screening for substance use disorders and referral when appropriate to help reduce adverse pregnancy-related outcomes and improve individuals’ reproductive health generally.
Core Services

Title X projects may also include other reproductive health and related preventive health services that are considered beneficial to reproductive health:

- Provision of HIV pre-exposure prophylaxis (PrEP),
Section 5 Special Populations

The regulations state that FP projects must:

Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.

Section revised to add “minor” or “minor-age” in place of “teen” (Office of General Counsel review). For example:

Section 5.1.2 now reads, “Federal law requires that Title X funded services be available to all minor-age clients, regardless of their age, without the need for parental consent (42 C.F.R. 59.5 (a)(4)). This regulation supersedes any state law to the contrary. Minors of any age may consent to family planning services when those services are funded in full or in part by Title X monies.”
Immunizations

For any questions regarding immunizations please refer to:

- Immunization Protocol:
  https://nmhealth.org/publication/view/policy/531/
Formulary Changes

- Class IV: Pharmacy warehouse is currently issuing MonoNessa but the manufacture is discontinuing the drug. Replacement will be with Mili or Femynor.

- Class VI: Pharmacy warehouse is currently issuing Tri-Lo-Estarylla, however, the alternative Tri-Lo-Mariza will be issued shortly. Tri-Lo-Mariza is more cost effective, has more on label usage and side effects are similar to Tri-Lo-Estarylla.
Formulary Changes

Merck Nexplanon Manufacturer’s training

• New insertion site addressed by Dr. Singh.

• Requests for Nexplanon training can be made on the Merck website @ www.nexplanontraining.com

• Training certificates need to be postdated October 15, 2018.
Sterilization
Appendix F Resource List for Services and Regional Site Visit Staff

Update

Veronica Trujillo, RN
Updated Sterilization Consent

Locate current form on Office of Population Affairs (OPA) website
https://www.hhs.gov/opa/

Click on Pregnancy Prevention

Scroll to bottom of page

Completing Form

Do not use abbreviations (i.e. BTL, must spell out Bilateral Tubal Ligation)

Race and Ethnicity must be checked for reporting purposes.

*If client does not want to answer please indicate "client refused to answer" next to race. The FPP would like this for the Family Planning Annual Report (FPAR) and we also want to know this was not missed by client.
Sterilization Request Form

Locate current form on Family Planning Program Protocol website
https://nmhealth.org/about/phd/fhb/fpp/pvdr

Complete sections 1 – 11 including *Priority Justification* in section 8
Justification should also be documented in the EHR

Scan completed sterilization consent and request form into EHR
Priority Rating For Sterilizations

Priority A (Tubal Ligation and Vasectomy)

✓ Problems with birth control method (specify)
✓ High risk pregnancy (present or past) or risk of poor pregnancy outcome or significant health risk to the mother
✓ Genetic problems in the family
✓ History of physical abuse in the family
✓ Substance abuse (alcohol or other drugs)
✓ Inability to care for more children because:
  o Either of the parents have a severe medical condition
  o The family already had a child with a severe medical condition
✓ Multiparity (greater than or equal to 4 live births)

Priority B (Vasectomy only)

✓ Unable to handle more children due to economics or unstable job situation
✓ Religious objections to other types of contraception
Appendix F – Resource List

- Updated estimated cost for infertility workups
Regional Title X Site Visit Staff

Rebecca Trujillo, MSN, RN
Quality Assurance Nurse
DOH/PHD/Southeast Region
575-347-2409 ext. 6223
Rebecca.Trujillo@state.nm.us

Veronica Salazar, RN, BSN
DOH/PHD/Southwest Region
575-528-5009
Veronica.Salazar@state.nm.us
Appendix D
Staff Orientation & Training

Update

Tina Sanchez, RN
OPA Key Issues require the Program to include:

- Meaningful provision of Fertility Awareness-Based Methods (FABMs) by including access to providers with training specific to these methods;

- Communicating the growing body of information for a variety of FABMs of family planning and providing tools for applicants to use in patient education about these methods; and

- Providing the tools necessary for the inclusion of substance abuse disorder screening into family planning services.
FABM - Mandatory Training for both Public Health Office (PHO) and Provider Agreement (PA) Sites now includes:

• Fertility Awareness Based-Method (FABM) course for licensed professionals only.

This course below may still be completed for requirement:

Standard Days Method (SDM)-Counseling Module ONLY required located @http://archive.irh.org/SDM_Training/index.php

OR another FABM course to be determined in the near future. It is an option to wait until another course is offered.

The course below has been RESCINDED post live webinar, effective 8/28/19:

Understanding and Counseling Potential Users on Fertility Awareness-Based Methods (FABMs) for Pregnancy Prevention @

http://healtheknowledge.org/course/index.php?categoryid=85#FABMWebinar1

The completion date within 90 days has been RESCINDED until further notice.

• Completion required for licensed professionals only within 90 days of hire or delivering Title X services. For existing staff/contractors, completion is required by November 25, 2019.
Standard Days Method Training


A free 60-75 minute self-guided training on Standard Days Method (ONLY Counseling Module Required) is available on-line from Georgetown University Institute for Reproductive Health.

Register as a user and continue course as instructed. Complete the Counseling Module, Quiz, Evaluation, and print a Certificate of Completion.

Course Description

The Standard Days Method Online Training is a self-instructional course designed to offer healthcare professionals a comprehensive orientation on how to counsel clients in the Standard Days Method® (SDM) of family planning.

The SDM is a simple and effective Fertility Awareness method of family planning and CycleBeads® are a visual tool that helps SDM users accurately track their menstrual cycles and identify their fertile days.

This online training includes the following modules:

SDM Counseling. This module describes how to offer comprehensive, quality counseling for the SDM. It provides an overview of the medical and behavioral criteria for method use, the key elements covered in SDM counseling, and case studies to help you practice applying the method criteria.

Full review of the counseling module and successful completion of the accompanying quiz is required to receive credit for contact hours.
FABM – Understanding and Counseling Potential Users on FABMs for Pregnancy Prevention

http://healtheknowledge.org/course/index.php?categoryid=85#FABMWebinar1

This course RESCINDED post live webinar, effective 8/28/19
Cultural Competency Requirements and Equivalent Courses for PHOs only -
Target completion by November 25, 2019

Available through the DOH Learning Center @
http://chilenet/Learning/Pages/default.aspx

- Working More Effectively with Tribes

  OR

- Culturally and Linguistically Appropriate Services (CLAS I) AND*
  Critical Concepts in Cultural Competence (CLAS II)

*Both CLAS I and CLAS II must be completed to meet requirement.
Cultural Competency Requirements and Equivalent Courses for PHOs only –
Target completion by November 25, 2019

Available through the Family Planning National Training Center (FPNTC)
@ www.fpntc.org

Type in course name:

- Language Access 101 (Creating Inclusive Clinics) AND* Language Access 201 (Enhancing Your Clinical Encounters)
  OR
- Gender Appropriate Language (Practical Skills Development Webinar) AND* Language Access 201 (Enhancing Your Clinical Encounters)

*Both courses must be taken to meet requirement.
Optional Cultural Competency Courses for PHOs:

Other cultural competency courses may be submitted to the Family Planning Program for review and acceptance on a case by case basis.

A certificate of completion must be available to attendees. Send request for acceptance and course description to: Tina.Sanchez2@state.nm.us.

Reminder: A Cultural Competency training is required for completion only one time. Once you complete a required course/course combination of your choosing, you have met this training requirement.
# Training Table for PHOs

<table>
<thead>
<tr>
<th>Course</th>
<th>Upon Hire (or within 30 days of seeing clients)</th>
<th>Upon Hire (or within 90 days of seeing clients)</th>
<th>Annually</th>
<th>Every 2 years</th>
<th>Once</th>
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<tr>
<td>HIPAA Privacy Rule Overview</td>
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</table>

The following course has been RESCINDED, effective 8/28/19: Understanding & Counseling Potential Users on FABMS for Pregnancy Prevention – for licensed professionals only

For PHO sites continue to follow DOH/PHD policies for work safety and civil rights courses.

For PA sites, ALL Title X requirements still apply. Refer to your agency’s written policies and procedures for trainings that address HIPAA, civil rights, cultural competency, and work safety.
Appendix D Summary - Changes from last Protocol Update

- Cultural Competency courses added for PHOs to meet requirement for the FPP

- Optional LGBTQ courses for Cultural Competency added

- FABM course added - either (Standard Days Method) OR Understanding & Counseling Potential Users on FABMs for Pregnancy Prevention added to Mandatory Training list for licensed professionals only for both PHO and PA sites; required ONCE

- Recommended courses, tools and references added for FABM, SUD, Depression, Tobacco, and Opioid topics (VAST-D training will be updated in 2020)

- PHO Training table added
## FPP Staff Resource List

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Lovett</td>
<td>Title X Director</td>
<td>(505) 476-8879</td>
<td><a href="mailto:Susan.Lovett@state.nm.us">Susan.Lovett@state.nm.us</a></td>
</tr>
<tr>
<td>Dr. Chris Novak</td>
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<td><a href="mailto:Christopher.Novak@state.nm.us">Christopher.Novak@state.nm.us</a></td>
</tr>
<tr>
<td>Dr. Rameet Singh</td>
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</tr>
<tr>
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<td>Terry Waters</td>
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<tr>
<td>Georgina Gomez-Lieberman</td>
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<td>Tina Sanchez</td>
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<tr>
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<td><a href="mailto:Margie.Vigil@state.nm.us">Margie.Vigil@state.nm.us</a></td>
</tr>
</tbody>
</table>

**Main line:**
(505) 476-8882

**Fax:**
(505) 476-8898
Q&A

For any questions that were not answered, the FPP will summarize the Question and Answer for reference after the webinar. These will be posted, emailed, and available upon request.

~Thank you~