



CENTENNIAL CARE 2.0 DEMONSTRATION

Section 1115 Demonstration Quarterly Report
Demonstration Year: 7 (1/ 1/ 2020 – 12/ 31/ 2020)
Annual Report 2020

March 31, 2021

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INTRODUCTION

On December 14, 2018, the Centers for Medicare & Medicaid Services (CMS) approved Centennial Care 2.0, New Mexico's 1115 demonstration waiver, the next iteration of Centennial Care. Centennial Care 2.0, effective January 1, 2019 through December 31, 2023, features an integrated, comprehensive Medicaid delivery system in which a member's Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care, pharmacy, behavioral health services, institutional services and home and community-based services (HCBS).

In Centennial Care 2.0, the state will continue to advance successful initiatives under Centennial Care while implementing new, targeted initiatives to address specific gaps in care and improve healthcare outcomes for its most vulnerable members. Key initiatives include:

- Improve continuity of coverage, encouraging individuals to obtain health coverage as soon as possible after becoming eligible, increasing utilization of preventive services, and promoting administrative simplification and fiscal sustainability of the Medicaid program;
- Refine care coordination to better meet the needs of high-cost, high-need members, especially during transitions in their setting of care;
- Continue to expand access to long-term services and supports (LTSS) and maintain the progress achieved through rebalancing efforts to serve more members in their homes and communities;
- Improve the integration of behavioral and physical health services, with greater emphasis on other social factors that impact population health;
- Expand payment reform through value-based purchasing (VBP) arrangements to achieve improved quality and better health outcomes;
- Continue the Safety Net Care Pool and time-limited Hospital Quality Improvement Initiative;
- Build upon policies that seek to enhance members' ability to become more active and involved participants in their own health care; and
- Further simplify administrative complexities and implement refinements in program and benefit design.

January 1, 2019 – December 31, 2023

The Centennial Care 2.0 managed care organizations (MCOs) are:

1. Blue Cross Blue Shield of New Mexico (BCBS),
2. Presbyterian Health Plan (PHP), and
3. Western Sky Community Care (WSCC).

Status of Key Dates:

TOPIC	KEY DATE	STATUS
Quality Strategy	Submitted to CMS on March 14, 2019	CMS reported no comments
Substance Use Disorder (SUD) Implementation Plan	Approved by CMS on May 21, 2019	Approved by CMS on May 21, 2019
Evaluation Design Plan	Submitted to CMS on June 27, 2019	Approved by CMS on April 3, 2020
SUD Monitoring Protocol	Submitted July 31, 2019	Approved by CMS on July 21, 202
1115 Demonstration Amendment #2	Submitted March 1, 2021	Pending Completeness Letter and Federal Public Comment Period

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ENROLLMENT AND BENEFITS INFORMATION

Table 1: QUARTER 4 MCO MONTHLY ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION	9/30/2020 ENROLLMENT	12/31/2020 ENROLLMENT	PERCENT INCREASE/ DECREASE Q4
Blue Cross Blue Shield of New Mexico (BCBS)	260,361	268,223	+2.9%
Presbyterian Health Plan (PHP)	395,194	400,787	+1.4%
Western Sky Community Care (WSCC)	71,866	79,373	+9.5%

Source: Medicaid Eligibility Reports, September 2020 & December 2020

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

Centennial Care 2.0 MCO enrollment data and cost per unit data by programs was provided October 2018 through September 2020. Please see Attachment A: October 2018 through September 2020.

MCO Enrollment

- In aggregate, MCO enrollment increased by 4% from the previous to current period. This increase is comprised of the following:
 - 3% increase in physical health enrollment.
 - 1% increase in aggregate Long-term services and supports enrollment.
 - 5% increase in other adult group enrollment.

MCO Per Capita Medical Costs

- In aggregate, total MCO per capita medical costs increased by 10% from the previous to current period, this consists of a 9% increase to pharmacy services and 10% increase to non-pharmacy services.

CENTENNIAL CARE 1.0 TO CENTENNIAL CARE 2.0 TRANSITION

Molina Healthcare Plan Termination

MHC was required to comply with all duties and obligations incurred prior to the contract termination date, as well as continuing obligations following termination. Following internal review and discussion with MHC, HSD decided that a determination concerning MHC's completion of its continuing obligations will be made after all outstanding financial transactions have been completed. HSD informed MHC that the due date for submission of the final termination plan was extended to 3/31/2021. HSD will continue to work with MHC and monitor the completion of the financial transactions.

UnitedHealthcare Community Plan Termination

On 10/6/20, HSD informed UHC that it had fulfilled its continuing obligations following the termination of its Agreement with HSD effective September 1, 2018.

CENTENNIAL REWARDS

The Centennial Rewards program provides incentives to members for engaging in and completing healthy activities and behaviors as listed below:

- Asthma Management – reward for refills of Asthma controller medications for children;
- Bipolar – reward for members who refill their medications;
- Bone Density – reward for women age 65 or older who complete a bone density test within the year;
- Dental – reward for annual dental visits;
- Diabetes – reward for members who complete tests and exams to better manage their diabetes;
- Health Risk Assessment – (HRA) – reward for members who complete the HRA;
- Pregnancy – reward for prenatal first trimester and postpartum visit;
- Schizophrenia – reward for medication refill;
- Adult PCP Visit – reward for complete annual PCP wellness check-up; and
- Well-Child for ages Birth – 15 Month (aka W15) – reward for completing PCP well-child visits for first 15 months of life.

Participating Members who complete these activities can earn credits, which can then be redeemed for items in the Centennial Reward catalog.

Table 2: Centennial Rewards

CENTENNIAL CARE REWARDS (JANUARY-DECEMBER 2020)				
	Q1	Q2	Q3	Q4
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	120,293	131,348	133,800	88,189
Number of Members Registered in the Rewards Program this Quarter.	5,345	5,333	6,620	6,719
Number of members Who Redeemed Rewards this Quarter**	11,134	25,939	22,766	45,112

*Only includes rewards earned THIS quarter.

**Redeemed rewards could have been earned in any of the previous 24 reporting months.

Source: Finity Quarter 4 Report

Electronic Engagement Reward Alert Campaign

During DY7 Q4, Finity conducted the following multimedia campaigns to support members during the COVID-19 pandemic.

Flu Shot campaign: designed to encourage members to get their flu shot and earn a reward to spend on essential items from the Centennial Rewards Catalog.

- 157,000 texts and 87,000 emails sent
- 412,000 direct mailers sent
- Outbound calls were not conducted for this campaign as call reps were allocated to the high volume of inbound calls to support year-end redemptions throughout the holiday season
- 9,900 members self-attested to completing a flu shot in Q4 2020. This represents only a small portion of flu shot completions for members who self-report. This campaign likely had a much larger impact on engagement, but we are currently limited to self-attestation data

Redemption Alerts: designed to notify members who have earned rewards that they have reward points to spend in the Centennial Rewards Catalog on essential items like oximeters, thermometers, cleaning supplies, PPE, diapers, toilet paper, and more.

- 168,000 texts and 238,000 emails sent
- Outbound calls were not conducted for this campaign as call reps were allocated to the high volume of inbound calls to support year-end redemptions throughout the holiday season
- 45,000 members redeemed during Q4 2020, showing an 8% increase from Q4 2019
- 10% increase in registered accounts in Q4 2020 compared to Q4 2019

Centennial Rewards Catalog Enhancements:

In August 2020, Finity added child and adult-sized face masks and face shields to the Centennial Rewards Catalog as well as shelf-stable food, cleaning supplies, PPE kits, biometric devices like oximeters and digital thermometers, and more for members to purchase with their Centennial Reward points.

In DY7 Q4, Finity also added more products to the Centennial Rewards catalog to support members through the pandemic, including a Back-to-School kit, Writing Kit, Advanced Math Tools Kit, craft supplies, Hygiene Kit, and premium toilet paper.

Reward Enhancements:

HSD approved a new Flu Shot Reward – 50 pts (\$5) per calendar year, via self-attestation (portal or phone), effective 9/1/2020 to support the Flu Shot multimedia campaign described above.

HSD also approved 2 new rewards effective 1/1/2021:

- COVID-19 Vaccine Reward
 - 200 pts (\$20) upon completion of vaccine series (when available), via self-attestation

- Well-Baby Visit Reward:
 - Expanded reward with 2 additional visits between 16-30 months to align with new HEDIS measure for a total of 8 visits between 0-30 months. 50 pts (\$5) per visit for a maximum total of 400 pts (\$40).
 - Added a bonus of 400 pts (\$40) upon series completion (all 8 visits between 0-30 mo.) to align with HSD priority.

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ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

The following table outlines quarterly enrollment and disenrollment activity under the demonstration. The enrollment counts are unique enrollee counts, not member months. Please note that these numbers reflect current enrollment and disenrollment in each Medicaid Eligibility Group (MEG). If members switched MEGs during the quarter, they were counted in the MEG that they were enrolled in at the end of the reporting quarter. Due to Public Health Emergency (PHE) regarding Coronavirus (COVID-19), HSD meets the Maintenance of Effort (MOE) statutory requirements to receive the 6.2 percent increased FMAP by ensuring individuals are not terminated from Medicaid if they were enrolled in the program as of March 18, 2020, or become enrolled during the emergency period, unless the individual voluntarily terminates eligibility. The disenrollment for this quarter is attributed to incarceration, death, and members moving out of state.

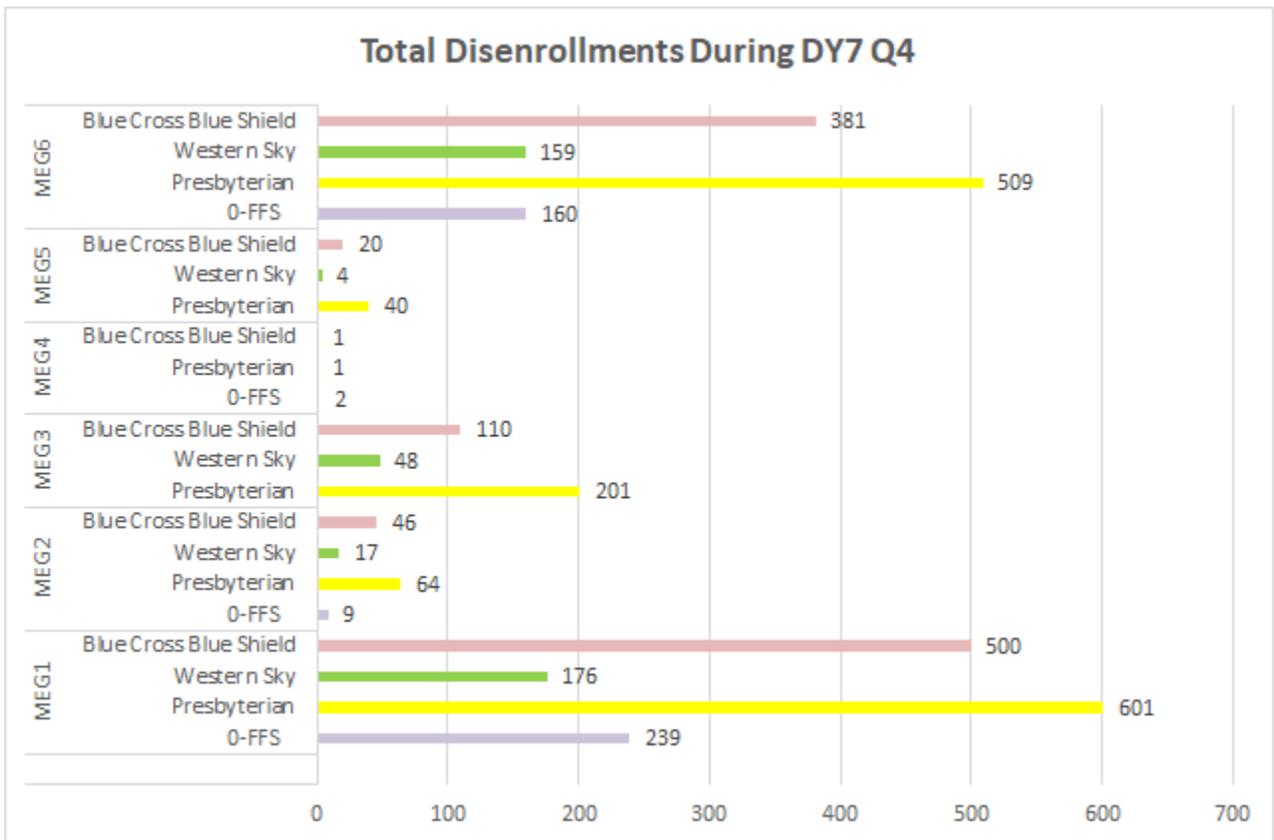
Demonstration Population

		Total Number Demonstration Participants DY7 Q4 Ending December 2020	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY7 Q4
Population MEG1 - TANF and Related	0-FFS	37,915	46,496	239
	Presbyterian	199,995	220,716	601
	Western Sky	36,937	40,575	176
	Blue Cross Blue Shield	127,303	138,951	500
	Summary	402,150	446,738	1,516
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,330	2,889	9
	Presbyterian	20,338	21,283	64
	Western Sky	3,587	3,808	17
	Blue Cross Blue Shield	11,838	12,218	46
	Summary	38,093	40,198	136
Population MEG3 - SSI and Related - Dual	0-FFS		72	
	Presbyterian	22,689	23,616	201
	Western Sky	2,885	2,887	48
	Blue Cross Blue Shield	10,752	11,248	110
	Summary	36,326	37,823	359
	0-FFS	168	208	2

January 1, 2019 – December 31, 2023

Population MEG4 - 217-like Group - Medicaid Only	Presbyterian	121	159	1
	Western Sky	19	25	
	Blue Cross Blue Shield	86	110	1
	Summary	394	502	4
Population MEG5 - 217-like Group - Dual	0-FFS		11	
	Presbyterian	2,798	2,911	40
	Western Sky	438	434	4
	Blue Cross Blue Shield	2,148	2,139	20
	Summary	5,384	5,495	64
Population MEG6 - VIII Group (expansion)	0-FFS	31,973	35,785	160
	Presbyterian	131,159	131,775	509
	Western Sky	29,033	29,506	159
	Blue Cross Blue Shield	99,098	98,390	381
	Summary	291,263	295,456	1,209
Summary		773,610	826,212	3,288

Source: Enrollee Counts Report



Source: Enrollee Counts Report

January 1, 2019 – December 31, 2023

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OUTREACH/INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
DY 7 Q4 Activities	<ul style="list-style-type: none">• In response to the Public Health Emergency, HSD promoted social distancing to help prevent the spread of COVID-19. HSD provided coaching, outreach and educational activities via webinars to Presumptive Eligibility Determiners (PEDs) in the Presumptive Eligibility and JUST Health Programs to help them better assist their clients in the completion of Medicaid eligibility applications, both on-line and telephonically. HSD also continued to provide on-line certification and refresher training sessions for PEDs.• HSD partnered with the New Mexico Department of Health (DOH) to promote outreach for the Flu Shot Campaign developed by DOH. The campaign promoted and stressed the importance of flu vaccinations in an effort to keep Medicaid enrollees healthy and safe.• Through the Centennial Rewards contract with Finity, HSD initiated a Flu Shot campaign aligning outreach efforts with Centennial Rewards members in accordance with DOH Flu Shot promotional materials. This campaign rewarded members for completing Flu Shot vaccinations.

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COLLECTION AND VERIFICATION OF ENCOUNTER DATA AND ENROLLMENT DATA

The MCOs submit encounters daily and/or weekly to stay current with encounter submissions, including encounters that are or not accepted by HSD. HSD meets regularly with the MCOs to address specific issues and to provide guidance. HSD monitors encounters by comparing encounter submissions to financial reports to ensure completeness and by extracting data monthly to identify the accuracy of encounter submissions and shares this information with MCOs. HSD also extracts encounter data on a quarterly basis to validate and enforce compliance with accuracy. Based on the most recent quarterly data extracted, the MCO's are compliant with encounter submissions.

Data is extracted monthly to identify Centennial Care enrollment by MCO and for various populations. Any discrepancies that are identified, whether due to systematic or manual error, are immediately addressed. Eligibility and enrollment reports are run monthly to ensure consistency of numbers. In addition, HSD continues to monitor enrollment and any anomalies that may arise, so they are identified and addressed timely. HSD posts the monthly Medicaid Eligibility Reports (MERs) to the HSD website at: <https://www.hsd.state.nm.us/medicaid-eligibility-reports/>. This report includes enrollment by MCOs and by population.

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OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT/ISSUES

FISCAL ISSUES

The capitation payments through DY7 Q4 reflect the Centennial Care 2.0 rates effective on January 1, 2020. The rates are developed with efficiency, utilization, trends, prospective program changes, and other factors as described in the rate certification reports. The rate certification reports for January 1 through December 31, 2020 were submitted to the Centers for Medicare and Medicaid Services (CMS) on January 6, 2020 and approved on October 2, 2020. In addition, the payments during Q4 of DY 7 also reflect the updated rates to remove the Safety Net Care Pool (SNCP) programmatic change and add more System Delivery Provider Payment Initiatives. This rate report was submitted to CMS on April 29, 2020 and approved on October 2, 2020. The rates were updated again for July 1st to December 31st, 2020 to reflect revision to directed payments for nursing facilities, community hospitals serving Native Americans and for-profit and government owned hospitals; the rates were also being updated with the addition of pharmacy clinicians rate adjustment, directed payments for trauma hospitals, hospital access program, COVID-19 directed payments for nursing facilities, directed payments for community benefit retainer, medical residency pilot program, opioid treatment program adjustment, and health care quality surcharge data intermediary. The rate certifications for these rates update were submitted on August 10, 2020.

During Quarter DY7 4, health insurance providers fee (HIPF), directed payments, hospital access payment, health care quality surcharge payments, medical care credit, hepatitis C reconciliation, and HEDIS performance penalty were made and recouped affecting the per member per month (PMPM) of MEGs 1, 2 and 6 of DY 6. The net result of HIPF, directed payments made to the University of New Mexico Medical Group (UNMMG) and University Hospital, hospital access payment, hepatitis C reconciliation, and HEDIS performance penalty predominantly contributed to the change of the PMPM for MEGs 1 and 6 of DY 6; the payments for health care quality surcharge, directed payments to UNMMG and University Hospital, HIPF, and medical credit reconciliation mostly accounted for the increase PMPM of MEG 2 of DY 6.

The fiscal impact of the public health emergency due to the Coronavirus (COVID-19) pandemic may be minimal in the financial activities during Quarter 4 of CY 2020. In addition, expenditures and member months for substance use disorder in an institution for mental diseases (SUD IMD) were reported for fee-for-service for the first time on Q4 of DY 7 for calendar years 2019 and 2020.

PUBLIC HEALTH EMERGENCY (PHE) regarding COVID-19

On January 31, 2020 the Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation's healthcare community in responding to the 2019 novel coronavirus also known as COVID-19. This declaration is retroactive to January 27, 2020. In response to the PHE, HSD requested several federal authorities and were approved for the following:

New Mexico Disaster Relief State Plan Amendments (SPAs)

HSD submitted six Disaster Relief SPAs and received CMS approval for the following:

- Expanding the list of qualified entities allowed to do Presumptive Eligibility
- Increasing DRG rates for ICU inpatient hospital stays by 50% and all other inpatient hospital stays by 12.4% from April 1, 2020 – September 30, 2020;
- Establishing Category of Eligibility (COE) for the COVID-19 Testing Group for the uninsured population;
- Providing Targeted Access UPL Supplemental Payments;
- Applying a Nursing Facility Rate Increase when treating fee for service COVID-19 members from April 1, 2020 – June 30, 2020;
- Increasing reimbursement for hospital stay services from April 1, 2020 – June 30, 2020;
- Increasing reimbursement to non-hospital providers for E&M codes and non-E&M codes, as well as an increase to Medicaid only procedure codes from April 1, 2020 – June 30, 2020;
- Increasing rate by \$1 for curbside medication pick-up for all Medicaid pharmacy providers for October 1, 2020 through December 31, 2020;
- Increasing rates for services provided under the Family Infant Toddler (FIT) Program for July 1, 2020 through July 31, 2020; and
- Providing Targeted Access supplemental payments for Safety-Net Care Pool (SNCP) hospitals from April 1, 2020 through December 31, 2020.

1135 Waiver

HSD submitted a 1135 waiver and received CMS approval for the following:

- Suspending prior authorizations and extending existing authorizations
- Suspending PASRR Level I and II screening assessments for 30 days
- Extending of time to request fair hearing of up to 120 days
- Enrolling providers who are enrolled in another state's Medicaid program or who are enrolled in Medicare
- Waiving screening requirements (i.e. Fingerprints, site visits, etc.) to quickly enroll providers
- Ceasing revalidation of currently enrolled providers
- Payments to facilities for services provided in alternative settings
- Temporarily allowing non-emergency ambulance suppliers
- Temporarily suspending payment sanctions
- Temporarily allowing legally responsible individuals to provide PCS services to children under the EPSDT benefit.

Appendix Ks

HSD submitted four Appendix Ks and received CMS approval for the following:

- 1915c Waivers (Medically Fragile, Mi Via, and Developmental Disability)
 - Exceeding service limitations (i.e. allowing additional funds to purchase electronic devices for members, exceeding provider limits in a controlled community residence and suspending prior authorization requirements for waiver services, which are related to or resulting from this emergency)
 - Expanding service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms)
 - Permitting payment to family caregivers
 - Modifying provider enrollment requirements (i.e. suspending fingerprinting and modifying training requirements)
 - Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely
 - Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically
 - Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval
 - Modifying incident reporting requirements

- 1115 Demonstration Waiver for Home Community Benefit Services (HCBS)
 - Expanding service settings (i.e. telephonic visits in lieu of face-face and provider trainings through telehealth mechanisms.)
 - Permitting payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.
 - Modifying provider qualifications to allow provider enrollment or re-enrollment with modified risk screening elements.
 - Modifying the process for level of care evaluations or re-evaluations
 - Modifying person-centered service plan development process to allow for telephonic participation and electronic approval
 - Modifying incident reporting requirements
 - Allowing for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings
 - Implementing retainer payments for personal care services

- 1915c (Supports Waiver)
 - Modifying provider qualifications to suspend fingerprint checks or modify training requirements
 - Modifying processes for level of care evaluations or re-evaluations
 - Temporarily modifying incident report requirements for deviations in staffing
 - Temporarily allowing for payment of services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings
 - Allowing flexibility of timeframes for the CMS 372, evidentiary package(s), and performance measure data collection
 - Adding an electronic method of service delivery allowing services to continue to be provided remotely in the home setting
 - Allowing an option to conduct evaluations, assessments, and person-centered service planning meetings virtually in lieu of face-to-face meetings and adjusting assessment requirements.
 - Modifying incident reporting requirements

- Clarifying the effective dates in section (f.) to temporarily increase payment rates with effective dates 3/16/2020 – 9/30/2020 for supported living, intensive medical living, and family living as approved in NM.0173.R06.03.

PATIENT CENTERED MEDICAL HOMES (PCMH)

HSD discontinued the PCMH delivery system improvement project as of DY6. However, MCOs are still required to work with Primary Care Physician (PCP) contract providers to implement PCMH programs and report the activities quarterly. The data reported by the MCOs reflects an improvement in rates and trends by the following interventions set in place by the MCOs:

BCBS: Monitors the PCMH Performance Measurers for Asthma Medication Management, Follow-Up After Hospitalization for Mental Illness, Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment, Prenatal and Postpartum Care and Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents. BCBSNM continues to employ Recovery Support Associates who address behavioral health or substance use disorder, as well as Community Paramedics who work with Members in their homes, and Care Coordinators who engage members to educate and coordinate services.

PHP: Monitoring the PCMH performance on HEDIS Quality Metrics as well as general practice, pediatric care and behavioral health. PHP continues ongoing telephonic outreach to members as well as conducting monthly meetings with their internal PCMH group with a focused discussion on strategies and interventions on reducing high ER utilization.

WSCC: Currently monitoring PCMH outcomes for comprehensive well exams for children and adolescents, comprehensive diabetes care with HbA1c <9.0%, and comprehensive screening for targeted care. WSCC utilizes data received through the provider portal to monitor provider performance and implement improvement plans for providers and conduct targeted outreach. Please see DY7 Q1 through DY7 Q3 listed below in Table 3: PCMH Assignment.

Table 3: PCMH Assignment

PCMH ASSIGNMENT				
Total Members Paneled to a PCMH				
	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4
BCBS	108,396	108,409	115,534	N/A
PHP	231,428	230,140	238,861	N/A
WSCC	24,391	25,229	29,028	N/A
Percent of Members Paneled to a PCMH				
	DY7Q1	DY7 Q2	DY7 Q3	DY7Q4
BCBS	43.2%	42.5%	43.8%	N/A
PHP	61.9%	59.8%	60.8%	N/A
WSCC	34.6%	34.4%	36.1%	N/A

Source: MCO Report: Report #48

CARE COORDINATION MONITORING ACTIVITIES

Care Coordination Monitoring Activities	
DY7 Activities	<p>In DY7, HSD monitored MCO enrollment and Member engagement through the quarterly Care Coordination Report. This report includes required assessments and touchpoints due and completed within contract timeframes. The MCO aggregate results from DY7 Q1-Q3 show performance standards of 85% were met or exceeded for timely completion of Health Risk Assessments (HRAs), Comprehensive Needs Assessments (CNAs) and Comprehensive Care Plans (CCPs). Presbyterian Health Plan (PHP) and Western Sky Community Care (WSCC) met all performance standards. In DY7 Q3, BCBS initiated a project focused on aligning Nursing Facility Level of Care (NF LOC) assessments with CNAs to increase compliance with performance standards. HSD conducted technical assistance calls with BCBS and is monitoring strategies and interventions that BCBS implemented to achieve targeted completion rates when performance standards were not met.</p> <p>The table below details the aggregate and individual MCO Performance.</p>

Table 4 – Care Coordination Monitoring

MCO PERFORMANCE STANDARDS	DY7Q1	DY7Q2	DY7Q3
HRAs for new Members	98%	97%	99%
BCBSNM	98%	97%	100%
PHP	96%	95%	92%
WSCC	100%	100%	100%
HRAs for Members with a change in health condition	87%	92%	94%
BCBSNM	100%	100%	100%
PHP	81%	87%	91%
WSCC	100%	100%	100%
CNAs for CCL2 Members	93%	93%	92%
BCBSNM	85%	83%	81%
PHP	98%	99%	99%
WSCC	99%	99%	100%
CNAs for CCL3 Members	87%	90%	90%
BCBSNM	76%	79%	77%
PHP	91%	98%	97%
WSCC	100%	100%	100%
CCPs for CCL2 Members	92%	91%	95%
BCBSNM	72%	74%	87%
PHP	100%	99%	99%
WSCC	97%	97%	97%
CCPs for CCL3 Members	93%	91%	97%
BCBSNM	80%	80%	93%
PHP	99%	99%	100%
WSCC	95%	97%	100%

Source: HSD Report #6 – Quarterly Care Coordination Report
 Percentages in bold are MCO aggregate of the total assessments due and completed.

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In DY7, HSD monitored the ongoing impact of the Public Health Emergency (PHE) and engagement of Members in Care Coordination through a bi-weekly 'Telephonic In-Lieu of Face-to-Face Visits' report. This report monitors compliance of the MCOs' use of telephonic and video visits for Comprehensive Needs Assessments (CNAs) and required touchpoints. The report identifies how MCOs are able to continue to provide Care Coordination by completing assessments and touchpoints for Members telephonically.

The MCOs are also reporting CNAs and touchpoints that have not been completed due to Member-driven COVID-19 concerns. These Member-driven concerns include the following: absence of privacy at home to talk on the phone and a lack of sufficient minutes on a Member's phone. These assessments and touchpoints are attempted again, by the MCO, in the following month. The table below details the MCO Bi-Weekly Telephonic In Lieu of Face-To-Face visits.

Table 5 - Telephonic In Lieu of Face To Face Visits

TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY7Q1	DY7Q2	DY7Q3	DY7Q4
Initial CNAs completed	N/A	2,722	3,006	2,114
BCBSNM	N/A	1,177	1,268	894
PHP	N/A	1,311	1,407	998
WSCC	N/A	234	331	222
Initial CNAs not completed due to COVID-19	N/A	3	42	63
BCBSNM	N/A	1	39	63
PHP	N/A	1	3	0
WSCC	N/A	1	0	0
Annual CNAs completed	N/A	5,896	6,052	5,264
BCBSNM	N/A	1,946	2,076	1,964
PHP	N/A	3,375	3,326	2,915
WSCC	N/A	575	650	385
Annual CNAs not completed due to COVID-19	N/A	260	579	475
BCBSNM	N/A	57	291	262
PHP	N/A	203	288	213
WSCC	N/A	0	0	0
Semi-annual CNAs completed	N/A	405	581	523

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TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY7Q1	DY7Q2	DY7Q3	DY7Q4
BCBSNM	N/A	115	192	202
PHP	N/A	248	333	271
WSCC	N/A	42	56	50
Semi-annual CNAs not completed due to COVID-19	N/A	8	10	6
BCBSNM	N/A	0	0	6
PHP	N/A	8	10	0
WSCC	N/A	0	0	0
Quarterly in-person visits completed	N/A	1,357	1,492	1,414
BCBSNM	N/A	573	650	545
PHP	N/A	738	801	822
WSCC	N/A	46	41	47
Quarterly in-person visits not completed due to COVID-19	N/A	91	109	87
BCBSNM	N/A	0	1	1
PHP	N/A	91	108	86
WSCC	N/A	0	0	0
Semi-annual in-person visits completed	N/A	5,534	8,194	6,141
BCBSNM	N/A	1,601	1,675	1,126
PHP	N/A	3,589	5,763	4,606
WSCC	N/A	344	756	409
Semi-annual in-person visits not completed due to COVID-19	N/A	522	595	501
BCBSNM	N/A	10	19	7
PHP	N/A	512	576	494
WSCC	N/A	0	0	0

Source: MCO Ad Hoc Report: Bi-Weekly Telephonic in Lieu of Face-To-Face Report
Percentages in bold are MCO aggregate of the total assessments completed or not completed.

Care Coordination Audits

In DY7 Q1, HSD monitored MCO compliance with contract and policy by conducting Care Coordination monthly audits. In response to the PHE related to COVID-19, HSD suspended monthly audits for DY7 Q2 and DY7 Q3. HSD reinstated these audits in DY7 Q4. These audits monitor:

- MCO compliance for the correct categorization of Members listed as Difficult to Engage, Unreachable or Refused Care Coordination (Care Coordination Categorization Audit)
- Transition of Care (TOC) files for Members transitioning from an in-patient hospital stay or nursing facility to the community, and may need community benefits, confirming that TOC plans adequately address the Members' needs. (Transition of Care Audit)
- Confirmation that Members are being correctly referred for a Comprehensive Needs Assessment (CNA) if triggered by a completed Health Risk Assessment (HRA) (Health Risk Assessment and Care Coordination Level Audit)
- Placement of Members in the correct Care Coordination Level (CCL), based on information in the CNA and criteria outlined in the Managed Care Services Agreement (Health Risk Assessment and Care Coordination Level Audit)

HSD audits the files, reviews, and analyzes the findings and submits the report of the findings to the MCOs. Based on the audit findings and recommendations provided by HSD, the MCOs will conduct additional outreach, re-assess Members, and provide targeted training to Care Coordination staff.

The table below details the Care Coordination Categorization Audit results.

Table 6 - Care Coordination Categorization Audit

DIFFICULT TO ENGAGE (DTE)	DY7M1	DY7M2	DY7M10	DY7M11
Number of Member files audited	30	30	30	30
BCBS	10	10	10	10
PHP	10	10	10	10
WSCC	10	10	10	10
Number of Member files correctly categorized	29	28	24	27
BCBS	10	9	6	9
PHP	9	10	8	10
WSCC	10	9	10	8
% of Member files correctly categorized	97%	93%	80%	90%
BCBS	100%	90%	60%	90%
PHP	90%	100%	80%	100%
WSCC	100%	90%	100%	80%
UNABLE TO REACH (UTR)	DY7M1	DY7M2	DY7M10	DY7M11
Number of Member files audited	30	30	30	30
BCBS	10	10	10	10
PHP	10	10	10	10
WSCC	10	10	10	10
Number of Member files correctly categorized	26	23	22	23
BCBS	8	7	7	10
PHP	8	7	7	5
WSCC	10	9	8	8
% of Member files correctly categorized	87%	77%	73%	77%
BCBS	80%	70%	70%	100%
PHP	80%	70%	70%	50%
WSCC	100%	90%	80%	80%

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REFUSED CARE COORDINATION (RCC)	DY7M1	DY7M2	DY7M10	DY7M11
Number of Member files audited	30	30	30	30
BCBS	10	10	10	10
PHP	10	10	10	10
WSCC	10	10	10	10
Number of Member files correctly categorized	16	18	25	23
BCBS	6	5	7	3
PHP	6	10	8	10
WSCC	4	3	10	10
% of Member files correctly categorized	53%	60%	83%	77%
BCBSNM	60%	50%	70%	30%
PHP	60%	100%	80%	100%
WSCC	40%	30%	100%	100%

Source: Care Coordination Categorization Audit results
Percentages in bold are MCO aggregates of the total files that met audit criteria.

Results of the Care Coordination Categorization Audit highlighted areas for MCOs to improve processes for the following:

- Consistently following contract and policy requirements to engage community supports when reaching out to Members
- Documenting all contract required attempts to reach Members prior to categorizing them as Difficult to Engage
- Utilizing all available resources to update Member contact information prior to categorizing the Member as Unable to Reach
- Consistently including, or referencing, the Care Coordination Declination Form for Members who refused Care Coordination

Based on HSD audit findings and recommendations, the MCOs conducted additional outreach to Members utilizing all available resources and community supports, improved Member file documentation and increased training to Care Coordination staff.

The table below details the Transition of Care Audit results.

Table 7 - Transition of Care Audit

IN-PAITENT TRANSITION OF CARE	DY7M1	DY7M2	DY7M10	DY7M11
Number of Member files audited	20	24	20	20
BCBS	8	10	8	10
PHP	9	9	10	10
WSCC	3	5	2	0*
Number of Member files correctly categorized	9	14	15	19
BCBS	2	9	7	9
PHP	5	3	6	10
WSCC	2	2	2	N/A
% of Member files correctly categorized	45%	58%	75%	95%
BCBS	25%	90%	88%	90%
PHP	56%	33%	60%	100%
WSCC	67%	40%	100%	N/A
NURSING FACILITY TRANSITION OF CARE	DY7M1	DY7M2	DY7M10	DY7M11
Number of Member files audited	14	17	12	13
BCBS	5	6	10	2
PHP	6	7	2	8
WSCC	3	4	0	3
Number of Member files correctly categorized	13	16	9	11
BCBS	5	6	7	2
PHP	6	7	2	8
WSCC	2	3	N/A*	1
% of Member files correctly categorized	93%	94%	75%	85%
BCBS	100%	100%	70%	100%
PHP	100%	100%	100%	100%
WSCC	67%	75%	N/A	33%

Source: Transition of Care Audit results

Percentages in bold are MCO aggregates of the total files that met audit criteria.

*The MCO did not have any Members in this category for the auditing month.

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Results of the Transition of Care Monthly Audits showed low rates of compliance for contract required 3-day, post discharge in-home assessments in M1 and M2. HSD provided detailed findings, reiterated contract requirements, and stressed the importance of comprehensive documentation. HSD noted an increase in compliance for these contract requirements for Members transitioning from an in-patient stay into the community in M10 and M11. HSD also requested and received updates on specific audited Members and the ongoing training provided to Care Coordination staff.

The table below details the Health Risk Assessment and Care Coordination Level Audit results.

Table 8 - Health Risk Assessment and Care Coordination Level Audit

HEALTH RISK ASSESSMENT	DY7M1	DY7M2	DY7M10	DY7M11
Number of Member files audited	30	29	30	30
BCBS	10	10	10	10
PHP	10	9	10	10
WSCC	10	10	10	10
Number of Member files correctly categorized	29	29	30	30
BCBS	10	10	10	10
PHP	10	9	10	10
WSCC	9	10	10	10
% of Member files correctly categorized	97%	100%	100%	100%
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	90%	100%	100%	100%
CARE COORDINATION LEVEL	DY7M1	DY7M2	DY7M10	DY7M11
Number of Member files audited	30	28	30	30
BCBS	10	9	10	10
PHP	10	10	10	10
WSCC	10	9	10	10
Number of Member files correctly categorized	27	26	22	24
BCBS	10	7	8	8

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PHP	9	10	8	9
WSCC	8	9	6	7
% of Member files correctly categorized	90%	93%	73%	80%
BCBS	100%	78%	80%	80%
PHP	90%	100%	80%	90%
WSCC	80%	100%	60%	70%

Source: Health Risk Assessment and Care Coordination Level Audit results
Percentages in bold are MCO aggregate of the total files that met audit criteria.

HSD conducted Health Risk Assessment (HRA) and Care Coordination Level (CCL) Audits in DY7 to evaluate appropriateness of care coordination level determination. HSD found one file in the HRA audit that did not meet contract requirements and requested the MCO conduct a follow-up HRA. When discrepancies were identified in the CCL Audit, HSD requested that the MCO re-assess identified Members to determine the correct Care Coordination Level per Centennial Care 2.0 contract and Managed Care policy.

Care Coordination MCO Quarterly Meeting

HSD conducts regular quarterly meetings with the MCOs to review data on Member engagement, Care Coordination timeliness, performance analysis and Member outcomes. HSD held the DY7 Q4 quarterly meeting on December 10, 2020 and reviewed:

- Aggregate data from the Quarterly Care Coordination Report on compliance with assessment and touchpoint timeliness
- Results of monthly audits for Care Coordination levels and compliance with Transition of Care requirements
- Care Coordination data presented to the Native American Technical Advisory Committee (NATAC)
- Aggregate data from the Bi-Weekly Telephonic In Lieu of Face-to-Face Reports and Member-driven issues that contributed to delayed assessments
- Revisions to the Quarterly Care Coordination Report that will take effect in DY8 Q1 to align with updates to the MCO Services Agreement and Systems Manual
- MCO submissions of the Quarterly Developmental Disabilities Waitlist Reports reviewed by HSD

HSD discussed areas of concern and engaged with MCO staff to identify best practices for improved compliance, including increasing the engagement of community supports to reach Members, methods for timely completion of post-discharge assessments and continued documentation training for staff.

Care Coordination Ride-Alongs

HSD conducted twelve (12) virtual ride-alongs with MCO care coordinators in DY7 to observe completion of Member assessments. The MCOs began utilizing telephonic or virtual visits in lieu of in-home, in person touchpoints in DY7 Q1 to reduce the risk of spreading COVID-19 through face-to-face contact.

HSD attended initial, annual, and semi-annual virtual CNAs conducted by all three MCOs. HSD determined whether care coordinators properly administered the Community Benefits Services Questionnaire (CBSQ) and the Community Benefits Member Agreement (CBMA) to ensure the Members had access to Community Benefits.

HSD provided feedback to the MCOs and discussed the following findings:

- HSD observed that the care coordinators adhered to all contractual obligations in their assessments;
- Care coordinators often go beyond requirements to assist the Member with locating and applying for additional resources and services;
- Care coordinators were well prepared, engaged, showed excellent listening skills and were patient and caring towards their Members;
- HSD observed one care coordinator that had an excellent rapport with her Member, championed the Member's healthy weight and explained the different benefits covered by Medicare and Medicaid;
- HSD observed a care coordinator, working with a Member in a rural area, who was familiar with the services available to the Member and referred them to the appropriate resources. The care coordinator came prepared with all forms and applications, assisted the Member in completing the forms and volunteered to print and mail the applications; and
- HSD noted opportunities for improvement that included:
 - Offering comprehensive employment resources to Members; and
 - Ensuring all needed appointments are scheduled.

HSD followed up with MCO care coordinators to ensure they provided all required resources for their Members and continue ongoing assessment training.

BEHAVIORIAL HEALTH

Throughout DY7, the Behavioral Health Services Division (BHSD) worked together with other divisions of HSD, sister agencies, the MCOs, and the New Mexico Behavioral Health Provider Association (NMBHPA) to identify ways to maintain critical behavioral health services during the COVID-19 public health emergency. The most important step was the first one: in mid-March HSD issued a letter of direction (LOD) authorizing the use of telehealth for the majority of behavioral health services, delivered in all settings and using the same codes and rates that are in place for face-to-face services. In addition to standard telehealth delivery methods, behavioral health providers are, for the duration of the emergency, permitted to deliver services telephonically.

The results of expanded access to behavioral health services through telehealth have been dramatic. In the first quarter of DY7, 19,978 individuals received behavioral health through telehealth. In the second quarter, as the public health crisis expanded and BHSD issued the telehealth LOD, that figure jumped by 130 percent, to 45,800 people. By the end of DY7, this rate of growth had slowed, but the fourth quarter total of 46,474 people served through telehealth was still 133 percent higher than at the start of the year.

BHSD did not begin to receive data on behavioral health services delivered over the telephone until the second quarter of DY7, when the three MCOs reported that 31,554 individuals received needed behavioral health services through this modality. In the third quarter the number rose by 15 percent to 36,164 people, before dropping to 34,492 people in the last quarter. When the public health emergency is over, BHSD will need to evaluate which behavioral health services are appropriate to continue delivery through telephone, but this option has undoubtedly been a critical link to services during the COVID-19 crisis.

All MCOs reported significant increases in telehealth services to all age groups, in urban, rural and frontier counties, and to all populations of SMI, SED and SUD clients. The type of telehealth service that experienced the largest increase by all MCO was psychotherapy with individuals and/or family member. Other service increases varied by MCO. A broader array of services is now being delivered through telehealth, as an example Comprehensive Community Support Services (CCSS).

In addition to increased utilization, behavioral health providers around the state are reporting qualitative improvements – a decline in no-shows and cancellations, clients less stressed because they have not had to leave their homes or children, and therapists more informed about their clients because they can see more of their lives. As the public health crisis has gone on, however, some providers are also reporting ‘zoom fatigue’ and greater difficulty keeping some clients engaged.

Treat First has taken on an even more critical role during the COVID-19 crisis. As depression, anxiety and other behavioral health needs surge from the stresses related to COVID-19, Treat First engages clients quickly in services that address their immediate needs. Individuals living in nursing facilities are facing some of the greatest COVID-19 related stress, and during DY7 BHSD has conducted a sustained initiative to connect Treat First providers with residents of nursing facilities and other long term care settings. During DY7, New Mexico certified six new Treat First provider agencies, for a year-end total of 30. Most of these agencies have multiple locations, and BHSD continues working with providers to increase that number. All 30 of the existing Treat First providers are participating in the learning community established by BHSD.

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an important evidence-based tool that can be used by virtually all primary care providers to identify problematic alcohol or drug use, depression or trauma, and then refer a patient for additional treatment if appropriate. SBIRT was added to the state's Medicaid program for the first time in 2019, and since then BHSD has conducted expanded outreach to providers as well as state-sponsored provider trainings around the state.

SBIRT utilization decreased 24 percent this quarter, from a total of 2,090 people served in the third quarter to a total of 1,580 in the fourth quarter. Due to the increase in COVID-19 cases during this quarter, a two-week lockdown was instituted in November. It is likely this impacted the number of members seeking care and the number of appointments made. These are not unduplicated client counts, so another way to view the data is to average utilization across the months of each quarter: the fourth quarter saw an average of 527 clients served, decreasing from 697 the prior quarter.

In addition, it is important to note that a 90-day claim lag is present at the time the results were run and refreshed totals will show a smaller decrease when all claims are received.

For the year, the average number of clients served per month dropped by 21%, from an average of 667 in the first to an average of 527 in the fourth quarter. The fluctuation between quarters this year was out of synch with previous quarters of robust growth and was driven primarily by lack of access to services during the COVID-19 crisis. Even during the pandemic, SBIRT utilization saw an average of 638 persons served on a monthly basis, and in each quarter of 2020 more people received this service than in any quarter of 2019.

EXPANDED SERVICES FOR SUBSTANCE USE DISORDER

The Centennial Care 2.0 program includes new and expanded services for Medicaid recipients with substance use disorder (SUD). In DY7 Q4, the State continued efforts to implement Crisis Treatment Centers (CTC). Provider-specific cost-based rates were established for the first two CTC providers in the state, both of which began delivering services during the third quarter.

Throughout 2020, BHSD has also focused on expanding other services key to addressing SUD, such as Intensive Outpatient Services (IOP) and Comprehensive Community Support Services (CCSS).

As part of the SUD 1115 Waiver, services have been approved for specific substance abuse populations in an Institution for Mental Disease (IMD.) An IMD is defined as any facility with more than 16 beds that is primarily engaged in the delivery of psychiatric care or treating substance use disorders (SUD) that is not part of a certified general acute care hospital. MAD has expanded coverage of recipients, ages 22 through 64, to inpatient hospitalization in an IMD, for SUD diagnoses only, with criteria for medical necessity and based on ASAM admission criteria. Covered services include withdrawal management (detoxification) and rehabilitation.

As with other behavioral health services, utilization of residential or inpatient treatment for SUD in an IMD utilization was quite variable across 2020. There was a 12 percent drop between the first two quarters, followed by an 11 percent rise in quarter three, and then a 15 percent drop in the fourth quarter. For the year, total beneficiaries served dropped 17 percent, from 3,182 in the first quarter to 2,654 in quarter four.

These are not unduplicated client counts, so another way to view the data is to average utilization across the months of each quarter: the fourth quarter saw an average of 885 people served each month, decreasing from the 1,040 persons served per month during quarter three.

During quarter four of 2020, New Mexico experienced a drastic increase in new COVID-19 cases and another stay at home order was issued to curb the spread of the virus. The stay at home order along with claim lag is present in this quarter's results.

For 2020, the average number of clients served monthly was 1,034. The upward trend of clients served during the first half of the year continued through September. However due to an increase in COVID-19 cases and a new stay at home order the numbers decreased in November and December. As new cases of COVID-19 decline, utilization should see similar increases as experienced in the summer months of 2020. And year over year growth shows that even during the pandemic, utilization of these critical services increased by over 170 percent from 2019.

SUD Health IT

For DY7 Human Services Department is actively working on the necessary SUD Health IT capabilities in place to support member health outcomes to address the SUD goals of the demonstration. New Mexico has developed a workgroup to review our Health IT plan to ensure the progress and support of each milestone.

New Mexico has been reviewing the development of a plan for prescribers to utilize the New Mexico Prescription Monitoring Program (PMP). For 2019 we have found that 83% of providers are checking the PMP appropriately. New Mexico is also exploring funding options to develop enhancements such as reporting and opportunities to further integrate providers to the New Mexico PMP.

New Mexico has completed the implementation of EDIE in all New Mexico Health Homes. Health Homes have also received training on the new SUD features that have been incorporated into EDIE. New Mexico will continue to ensure that any new Health Homes also registered.

Annual reporting measures have been established to track the number of providers that have been trained on pain management through project Echo. In 2019 there were 68 Echo training sessions on pain management with 455 unique learners. We continue to explore additive query functions to be designed by the collaborative IT committee.

The Centennial Care MCOs have worked together on the Drug Utilization Review (DUR) committee to develop a standard monitoring program for controlled substance utilization. The DUR meets quarterly to accomplish monitoring parameters, and receive input requiring action from the MCOs. This includes development of enhanced supports for clinician review of patient's history of controlled substance prescriptions provided through the PMP.

HSD and the New Mexico Department of Health (DOH) have collaborated to place telehealth Certified Peer Support Workers in five EDs 24/7, with plans to expand to another five EDs in the next two months. As part of the Medicaid Management Information System Replacement (MMISR), HSD and vendors will be designing and implementing enhanced data analytics targeted for 2022. Smart phone apps are part of the MMIS Unified Public Interface (UPI). HSD and vendors for the MMISR will be designing and implementing smart phone capabilities (UPI) in 2022. This initiative will assist in retention in treatment for OUD and other SUDs.

For the MMISR, HSD and vendors will be designing and implementing data services to

provide analytics for public health and clinical support for providers that is also targeted for 2022. This will assist in development of a central registry system for all opioid treatment and will be managed for both Medicaid and non-Medicaid populations. Interoperability between the central registry and the PMP for advanced alignment is under consideration. HSD and their Administrative Services Organization (ASO) will be enhancing the Client Assessment Record (CAR) to capture mandated data for the Medicaid population..

In early 2021, HSD submitted an amended SPA to CMS to add SUD to health home eligibility criteria.

ADULT ACCREDITED RESIDENTIAL TREATMENT CENTERS (AARTC) SERVICES

During DY7 the Behavioral Health Services Division (BHSD) enrolled nine Adult Accredited Residential Treatment Centers (AARTC) as Medicaid Providers. Seven of these providers have established rates and the remaining two are working with Medicaid to establish service rates with the assistance of Myers & Stauffer, LC. There are currently five AARTC applications under various stages of review and pending approval. Because provider billing to Medicaid is still in progress, no utilization numbers are available for this report.

Due to a critical need for services in McKinley County, BHSD worked in conjunction with an existing AARTC to stand up a new facility in Gallup, New Mexico. The newest AARTC opened its doors and admitted their first patients on December 28, 2020.

BHSD continues to facilitate meetings to ensure AARTC agencies are identified as network providers. The Managed Care Organizations (MCOs) have expedited their processes to ensure contracts are established and executed with the AARTCs to ensure services can be rendered in the most efficient and timely manner.

BHSD has identified some obstacles faced by applicants. One of the primary issues is related to difficulty in hiring appropriately licensed staff and general work force issues. Other issues include delays in attaining accreditation and challenges faced due to COVID-19 and the public health crisis.

BHSD will schedule site reviews of Medicaid approved AARTC agencies in DY8 to ensure overall program integrity. In addition, to the site review, DOH will complete a Life and Safety Inspection at which time final approvals will be granted.

HEALTH HOMES

The CareLink NM Health Homes (CLNM) program provides integrated care coordination services to Medicaid-eligible adults with Serious Mental Illness and children and adolescents with Severe Emotional Disturbance. Seven providers deliver coordinated care services in 12 counties to support integrated behavioral and physical health services. Two Health Homes (Guidance Center, Lea County and Mental Health Resources, Roosevelt County) coordinate High Fidelity Wraparound services to 160 children and adolescents with SED and complex behavioral health challenges. Wraparound clients are involved with multiple state systems and many have been in out-of-state residential treatment centers. HSD is in the process of submitting a State Plan Amendment to add Substance Use Disorder to the eligibility criteria for Health Homes, which will align this program with the State's 1115 Demonstration Waiver activities and enable CLNM providers to deliver services to this vulnerable population. Specific activities in support of this change are included in the table below.

Table 9: Health Homes Activities

CLNM Health Home Activities	
DY7 Activities	<p>Since March 2020, CLNM providers have been delivering Health Home services through telehealth and telephonic delivery methods. Providers report these systems have been effective in continuing to opt new members into the program and engage with members to provide services.</p> <p>Enrollment during DY7 increased by 9% during the year, despite the limitations posed by the COVID-19 public health emergency. This is slower than the remarkable 43% growth Health Homes experienced during DY6, and represents the more steady expansion of an established service.</p> <p>During DY7, HSD delivered technical assistance to Health Home staff that included: reviews of documenting services in NM Star's CareLink data collection system; exploring ideas for new enrollment strategies during the pandemic, and addressing barriers to service. Three trainings were provided to 70 CareLink staff in Clinical Reasoning and Case Formulation. Trainings delivered information and skills to support clinical and practical</p>

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	<p>reasoning in broad care coordination knowledge, good judgment, and help ensure that care coordinators are able to synthesize multiple variables in diagnoses of individuals.</p> <p>The CLNM Steering Committee reviewed and updated CLNM policies to support the addition of Substance Use Disorder to eligibility criteria. The CareLink Policy Manual has been updated and is being reviewed by HSD leadership, and will be available in Spring 2021</p> <p>New Mexico's leadership has completed the review of the SPA that will add SUD eligibility criteria for Health Homes, and pending a consultation with SAMHSA, the SPA will be submitted to CMS with a proposed effective date retroactive to 1/1/21.</p>
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Table 10: Number of Members Enrolled in Health Homes

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES									
Q4 2019 OCT – DEC	Q1 2020 JAN – MAR	% CHANGE	Q2 2020 APR – JUN	% CHANGE	Q3 2020 JUL-SEPT	% CHANG E	Q4 2020 OCT- DEC	% CHANGE	DY7 GROWTH
3,637	3,713	2%	3,829	3%	3,858	0.8%	3,959	2.6%	7%

Source: NMStar, CLNM Opt-in Report, Jan. 2021

Supportive Housing

The supportive housing benefit in Centennial Care 2.0 (CC 2.0) provides Medicaid eligible individuals enrolled in the Linkages Permanent Supportive Housing program pre-tenancy and tenancy services. The Linkages program serves individuals with serious mental illness with functional impairment who are homeless or precariously housed and are extremely low-income, per the Department of Housing and Urban Development (HUD) guidelines.

Linkages agencies can bill Medicaid for comprehensive community support services (CCSS), but now that supportive housing services are included in the CC 2.0 waiver, agencies are encouraged to shift to billing directly for supportive housing. The CC 2.0 waiver requires the services be provided by a certified peer support worker (CPSW), in keeping with the state’s goals for building the peer support workforce. One Linkages provider is currently using a CPSW to deliver supportive housing services, while other providers utilize case managers, community support workers, and supportive housing coordinators to offer these services.

Throughout DY7, BHSD collaborated with the Office of Peer Recovery and Engagement (OPRE) to prioritize CPSW training for eligible Linkages staff. Effective July 17, 2020, OPRE ceased accepting new CPSW applications due to the backlog of current applicants and delays imposed by COVID-19. CPSW trainings will resume in January and February 2021. All Linkages providers were notified of the CPSW training opportunity, and OPRE is working on a list-serv of CPSWs that would soon be available to providers to verify if a potential peer hire is certified.

BHSD continues to promote the use of CPSWs to render Linkages support services. During a Linkages training in October 2020, the content included a strong emphasis on the availability of the new Medicaid code and utilization; the presentation also stressed that this is an opportune time to expand the Linkages workforce with peers given the expansion of the programming itself. Language was added to the Linkages policy manual explaining the Medicaid H0044 code to encourage utilization in lieu of CCSS. The Linkages/Supportive Housing contractor for technical assistance scheduled regular meetings with all Linkages providers, and a topic of discussion has been promotion of utilization the new Medicaid code and the benefit of peers. The TA contractor developed a spreadsheet to show the potential monetary gain that could come from billing the correct code, based on varying case load capacities. There are at least three Linkages providers currently considering hiring a CPSW.

MEDICAID SUPPORTIVE HOUSING UTILIZATION January 1, 2020 – December 31, 2020	
Quarter	Client Count
1	26
2	31
3	29
4	16
Unduplicated Total	36

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An increase of state general funds (SGF) FY21 allowed BHSD to expand Linkages services that are not covered by Medicaid. SGF supports rental assistance vouchers for eligible Linkages clients. In FY20, there were nine Linkages Support Service Agencies (SSAs) and six Housing Administrators (HAs); there were six Linkages sites statewide. For FY21, Linkages will have eight sites: Curry and McKinley are new Linkages sites and have made progress with establishment of Linkages programming.

The following is SGF data, households served with a Linkages voucher and support services:

NON-MEDICAID LINKAGES UTILIZATION	
January 1, 2020 – December 31, 2020	
Quarter	Households Served
1	148
2	148
3	153
4	203

The BHSD Supportive Housing Program Manager provides technical assistance to Linkages providers and Medicaid managed care organizations, as needed, to support the Medicaid Linkages Supportive Housing program.

Centennial Home Visiting (CHV) Pilot Program

In DY7, the number of Centennial Care MCO member enrollments for each home visiting (HV) program are as follows:

- **Nurse Family Partnership (NFP) Model:**

University of New Mexico Center for Development and Disability (UNM CDD) NFP served 63 unique families between Jan 1 and Dec 22, 2020.

- In Bernalillo County, UNM CDD currently serves 50 – 60 families with their NFP team through Medicaid reimbursements.
- In 2021, they will increase their service delivery to 75 – 85 families in Valencia and Bernalillo Counties.
 - o UNM CDD received an incentive grant from NFP’s national service organization to use as braided funding for the hiring and training of an additional nurse to provide CHV services.

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- **Parents as Teachers (PAT) Model:**

UNM CDD PAT served 56 unique families between Jan 1 and Dec 22, 2020.

- In Bernalillo County, the UNM CDD currently serves 40 – 50 families with their PAT team through Medicaid reimbursements.

ENMRSH – 32 unique families served in DY7.

- In Curry and Roosevelt Counties, ENMRSH, Inc. provides PAT HV services to 20 families through Medicaid reimbursements.

The CHV services delivery was affected by the COVID-19 emergency during DY7. To limit the spread of COVID-19 the HSD temporarily waived in-home visits for providers and allowed the use of telehealth so long as it met curriculum standards for both models. Temporary waiving in-person visits will continue through the end of the Public Health Emergency.

Home visiting agencies reported no interruption of services. Both home visitors and families found this mode of delivery to be a desirable alternative.

In DY7 Q3, Taos Pueblo began to receive some referrals from one of the Centennial Care MCOs. However, Taos Pueblo has not been able to finalize the home visiting contract with this MCO. Therefore, there was no CHV enrollments with Taos Pueblo in DY7.

Presumptive Eligibility Program

The New Mexico HSD Presumptive Eligibility (PE) program continues to be an important part of the State's efforts. Presumptive Eligibility Determiners (PEDs) are employees of qualified hospitals, clinics, FQHCs, IHS facilities, schools, primary care clinics, community organizations, County Jails and Detention Centers, and some New Mexico State Agencies including the New Mexico Department of Health (DOH), New Mexico Children Youth and Families Department (CYFD) and the New Mexico Corrections Department (NMCD). Currently, there are approximately 734 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assisting with on-going Medicaid application submissions.

HSD staff conduct monthly PE Certification trainings for employees of qualified entities that chose to participate in the PE program. PE certification requirements include; active participation during the entire training session, completion of a post-training comprehension test, and submission of all required PED registration documents. For active PEDs, PE program staff conduct Your Eligibility System for New Mexico-Presumptive Eligibility (YESNM-PE) demo trainings. During demo trainings, the PEDs have the opportunity to take a refresher training on “How To” utilize the tools and resources available to them; specifically, the New Mexico Medicaid Portal and YESNM-PE to screen for PE, grant PE, and submit on-going Medicaid applications. In DY7 PE program staff conducted thirteen PE certification trainings and eleven YESNM-PE demo refresher trainings.

In DY7, HSD/MAD implemented a virtual assistant program to help automate the process of adding newborns to existing Medicaid cases. This new “Baby Bot” functionality utilizes our contractor, Accenture’s, virtual assistant (AVA) software. AVA allows providers to start a Baby Bot chat session in YESNM-PE (Your Eligibility System New Mexico for Presumptive Eligibility). The chat session can help facilitate adding the newborn to the Medicaid-enrolled mother’s case.

YESNM-PE is only available to certified Presumptive Eligibility Determiners (PEDs). PEDs use YESNM-PE to screen, and grant approvals, for Presumptive Eligibility (PE) coverage. They also use YESNM-PE to submit ongoing Medicaid applications. With Baby Bot, PEDs at hospitals, IHS/Tribal 638s and birthing centers also have the enhanced capabilities of electronically adding newborns to an existing case.

Access to the Baby Bot is available through a link located on the PED’s home page in YESNM-PE. The Baby Bot platform operates as a webservice and sends the information electronically to ASPEN, HSD’s eligibility system. Once the mother’s eligibility has been electronically verified in ASPEN, the system automatically adds the newborn to the case. This allows immediate access to benefits for the newborn.

HSD program staff implemented Baby Bot through a piloted, phased-in approach. The initial month-long pilot locations included Lovelace and UNM hospitals in Albuquerque – two New Mexico hospitals with high number of Medicaid-covered births. As pilot sites, PEDs at these locations were required to take part in a HSD staff-led training. After a successful pilot, Baby Bot then moved to a full statewide implementation. All PEDs at hospitals, IHS/Tribal 638 and birthing center-based locations were required to participate in a Baby Bot training before being allowed access to the functionality. Currently 232 active PEDs are certified to use the Babybot functionality with more trainings scheduled to increase participation.

Table 11: Program numbers are specific to Medicaid-eligible newborns submitted through BabyBot on YESNM-PE

- **Newborns Submitted**
Overall number of submissions through BabyBot
- **Newborns Successfully Enrolled (and % of Newborns Successfully Enrolled)**
Number (and %) of newborns automatically added to an existing Medicaid case at time of submission
- **Newborns Unsuccessfully Enrolled (and % Newborns Unsuccessfully Enrolled)**
Number (and %) of submissions not completed automatically; newborn added to the case via worker manual intervention

In DY7, 80 PEDs used the Babybot functionality. Although HSD program staff saw a decrease in PED participation, we noticed an increase in the number of newborns added through Babybot over the year. In this reporting period 70% of all newborns submitted through a Baby Bot chat session resulted in a successful case update. Communication and Education Bureau (CEB) PE program staff are working with PEDs and system developers to increase the *number* of submissions as well as the number of *successful submissions* through the Baby Bot.

AVA Baby Bot (January - December 2020)					
Month	Newborns Submitted through AVA	Newborns Successfully Enrolled-	Newborns Unsuccessfully Enrolled- Tasks Created	% of Newborns Successfully Enrolled	% of Newborns Unsuccessfully Enrolled
Q1	393	221	172	56%	44%
Q2	1,938	1,303	635	67%	33%
Q3	2,189	1,520	669	69%	31%
Q4	1,960	1,513	447	77%	23%
Total	6,480	4,557	1,923	70%	30%

Source: Accenture BabyBot dashboard RPA activity detail daily report

Table 12: PE Approvals outlines the number of PE approvals granted and the total number of ongoing applications submitted and approved. New Mexico PEDs are aware of the importance of on-going Medicaid coverage for their clients. In DY7, 99.45% of all PE approvals also had an ongoing application submitted.

Table 12: PE Approvals

PE APPROVALS January – December 2020				
MONTH	PE GRANTED	% PE GRANTED W/ ONGOING APPLICATION SUBMITTED	TOTAL INDIVIDUALS APPLIED	INDIVIDUALS APPROVED
Q1	542	99.63%	4175	3424
Q2	467	100%	3364	2647
Q3	481	99.38%	3291	2561
Q4	409	98.78%	2797	2137
Total	1899	99.45%	13,627	10,769

Source: Monthly PE001 Report from ASPEN and OmniCaid

JUST HEALTH PROGRAM

Certified PEDs employed at the New Mexico Corrections Department (NMCD) and County Jails or Detention Centers participate in the PE Program through the Justice-Involved Utilization of State Transitioned Healthcare (JUST Health) program.

The JUST Health program was established to ensure justice-involved individuals have timely access to healthcare services upon release from correctional facilities. To ensure this access can occur, individuals who have active Medicaid coverage at the time of incarceration do not lose their Medicaid eligibility, but rather, have their Medicaid benefits suspended after 30 days. Benefits are reinstated upon the individual's release from incarceration which allows immediate access to care. Individuals who are not Medicaid participants but who appear to meet eligibility requirements are given the opportunity to apply while incarcerated. Application assistance is provided by PEDs at the correctional facilities.

It is HSD's goal to reduce recidivism by ensuring that individuals have immediate access to services (i.e., prescriptions, transportation, Behavioral Health appointments, etc.) upon release. To help facilitate access to care and ensure smooth transitions from correctional facilities, HSD has established the Centennial Care JUST Health workgroup. The workgroup includes representatives from State and County Correctional facilities, Managed Care Organizations, County governments, State agencies, provider organizations and

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other stakeholders. The goal of the workgroup is to create a transition of care with detailed processes and procedures that can be utilized and adapted to work for all correctional facilities state-wide.

The following table outlines the number of PE approvals granted and the total number of ongoing applications submitted and approved. In DY7, 95% of all JUST Health PE approvals also had an ongoing application submitted.

Table 13: PE Approvals

JUST Health PE APPROVALS January – December 2020				
MONTH	PE GRANTED	% PE GRANTED W/ ON GOING APPLICATION SUBMITTED	TOTAL INDIVIDUALS APPLIED	INDIVIDUALS APPROVED
Q1	27	96.30%	435	398
Q2	38	94.74%	268	245
Q3	37	100%	295	276
Q4	18	83.33%	326	283
Totals	120	95%	1324	1202

Source: Monthly PE001 Report from ASPEN and OmniCaid

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HCBS REPORTING

Critical Incidents	
DY7 Annual Reporting	<p>HSD conducted quarterly meetings with MCOs to include HSD subject matter experts in MCO oversight, Long Term Services and Supports and Behavioral Health Services to provide an overview of critical incident reporting. HSD provided guidance on how to report critical incident reports (CIRs) for the Incident Type/Subcategories of Neglect/Refusing services and Neglect/Insufficient Staffing due to COVID-19.</p> <p>MCOs are responsible for conducting an annual provider training to ensure providers understand reporting requirements and how to complete a critical incident report. The CIR trainings were held online in September with an additional training in December for providers that did not attend in September.</p> <p>During DY7 Q3, a total of 41,697 CIRs were filed for Centennial Care which includes physical health (37,905), and subsets of behavioral health (2,073) and community benefit self-directed (1,719) members. The data below represents a MCO summary of the reports for quarter one through quarter three for DY7.</p> <p>During DY7, MCOs continue to identify the use of Emergency Services as the highest critical incident type reported by volume for members with a reportable category of eligibility. MCOs continue to monitor high utilizers of the emergency department (ED). MCO initiatives included identification of members requiring additional follow up ensuring they receive the maximal benefit services and providing care coordination activities and education to members before leaving the hospital to assist in re-integration back to home or the community. The data below represents a MCO summary of the reports for quarter one through DY7 Q3.</p>

**CRITICAL INCIDENTS REPORTED
(Q1-Q3 2020)**

MCO	CENTENNIAL CARE			BEHAVIORAL HEALTH			SELF DIRECTED			TOTALS		
	Q 1	Q 2	Q 3	Q 1	Q 2	Q 3	Q 1	Q 2	Q 3	Q 1	Q 2	Q 3
BCBS	2,742	3,267	3,738	146	152	144	108	110	96	2,996	3,529	3,978
PHP	6,090	9,327	10,878	381	487	634	380	419	497	6,851	10,233	12,009
WSCC	548	677	638	33	42	54	41	37	31	622	756	723
Total	9,380	13,271	15,254	560	681	832	529	566	624	10,469	14,518	16,710

Source: MCO Report:

**BCBS
(Q1-Q3 2020)**

CRITICAL INCIDENT TYPES	CENTENNIAL CARE			BEHAVIORAL HEALTH			SELF DIRECTED			TOTALS		
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3
Abuse	90	86	98	14	20	20	8	4	6	112	110	124
Death	245	300	280	2	5	8	5	7	6	252	312	294
Elopement/ Missing	4	9	11	3	2	3	0	3	1	7	14	15
Emergency Services	1,663	1,321	1,434	60	81	72	71	67	68	1,794	1,469	1,574
Environmental Hazard	27	14	22	1	0	2	1	0	1	29	14	25
Exploitation	37	42	32	4	3	2	6	4	0	47	49	34
Law Enforcement	37	24	29	10	7	7	7	1	2	54	32	38
Neglect	639	1,468	1,832	52	34	30	10	24	12	701	1,526	1,874
All Incident Types	2,742	3,267	3,738	146	152	144	108	110	96	2,996	3,529	3,978

PHP (Q1-Q3 2020)												
CRITICAL INCIDENT TYPES	CENTENNIAL CARE			BEHAVIORAL HEALTH			SELF DIRECTED			TOTALS		
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3
Abuse	180	192	226	39	35	60	7	18	9	226	245	295
Death	423	523	463	13	16	9	18	16	16	454	555	488
Elopement/ Missing	15	10	16	3	2	4	0	1	2	18	13	22
Emergency Services	3,899	4,516	6,207	117	239	367	313	298	394	4,329	5,053	6,968
Environmental Hazard	82	93	115	9	6	6	6	8	3	97	107	124
Exploitation	60	51	59	4	9	3	3	5	5	67	65	67
Law Enforcement	32	42	37	5	10	7	3	4	4	40	56	48
Neglect	1,399	3,900	3,755	191	170	178	30	69	64	1,620	4,139	3,997
All Incident Types	6,090	9,327	10,878	381	487	634	380	419	497	6,851	10,233	12,009

WSCC (Q1-Q3 2020)												
CRITICAL INCIDENT TYPES	CENTENNIAL CARE			BEHAVIORAL HEALTH			SELF DIRECTED			TOTALS		
	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3	Q1	Q2	Q3
Abuse	25	31	29	4	4	6	1	4	2	30	39	37
Death	42	45	46	0	2	1	5	2	2	47	49	49
Elopement/Missing	0	5	3	0	3	0	0	0	0	0	8	3
Emergency Services	287	273	204	11	17	13	30	20	19	328	310	236
Environmental Hazard	12	7	11	0	0	0	0	0	0	12	7	11
Exploitation	9	5	12	0	1	0	2	1	3	11	7	15
Law Enforcement	3	7	6	1	2	2	0	0	0	4	9	8
Neglect	170	304	327	17	13	32	3	10	5	190	327	364
All Incident Types	548	677	638	33	42	54	41	37	31	622	756	723

Consumer Support Program

The consumer support program is a system of organizations and state agencies that provide standardized information to beneficiaries about Centennial Care, long-term services and supports (LTSS), the MCO grievance and appeals process, and the fair hearing process.

YTD reporting is provided by the Aging and Long-Term Services Department (ALTSD) - Aging and Disability Resource Center (ADRC). The ADRC is the single point of entry for older adults, people with disabilities, their families, and the broader public to access a variety of services.

Table 14: ADRC Hotline Call Profiler Report

ADRC HOTLINE CALL PROFILER REPORT (1/1/20-12/31/20)	
TOPIC	NUMBER OF CALLS
Home/Community Based Care Waiver Programs	10,373
Long Term Care/Case Management	9
Medicaid Appeals/Complaints	15
Personal Care	846
State Medicaid Managed Care Enrollment Programs	296
Medicaid Information/Counseling	4,430

Source: SAMS Call Profiler Report; GSA I 7-630-8000-000I Calendar Year 2020 Final Report

Table 15: ADRC Care Transition Program Report

ADRC CARE TRANSITION PROGRAM REPORT (1/1/20-12/31/20)			
COUNSELING SERVICES	NUMBER OF HOURS	NUMBER OF NURSING HOME RESIDENTS	NUMBER OF CONTACTS
Transition Advocacy Support Services		554	
*Medicaid Education/Outreach	10,704		
Nursing Home Intakes			281
**LTSS Short-Team Assistance			286

*Care Transition Specialist team educates residents, surrogate decision makers, and facility staff about Medicaid options available to the resident and assist with enrollment.

**Clients are provided short-term assistance in identifying and understanding their needs and to assist them in making informed decisions about appropriate long-term services and supports choices in the context of their personal needs, preferences, values and individual circumstances.

Source: Care Transition Bureau (CTB) Final Data Report 1/1/20-12/31/20; GSA I 7-630-8000-000I Calendar Year 2020 Final Report

Community Benefit

In DY7, Long-Term Care (LTC) workgroup projects included reporting changes, LTC provider rate increases, and preparing for the implementation of the federally required Electronic Visit Verification (EVV) to the Self-Directed Community Benefit (SDCB). HSD monitored the implementation of MCO projects related to the CMS approved Appendix K, to ensure members continue to receive benefits during the pandemic. Approved Appendix K flexibilities include retainer payments for personal care services and allowing legally responsible individuals to be caregivers.

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EVV

In DY7, MCOs and their subcontractors continued to provide assistance to Personal Care Services (PCS) agencies with the EVV system which included connectivity issues and billing as needed. HSD monitors the MCOs EVV data through regular reporting. Please see EVV data for DY7 Q1-Q3 outlined in Table 13 below. Data for CY7 Q4 is not yet available and will be provided in the DY8 Q1 report.

For DY7 Q3, the MCOs reported that 75% of the total PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder of PCS claims were created through the AuthentiCare application.

In 2020, HSD worked with MCOs and subcontractors on the implementation of EVV for Self-Directed Community Benefit (SDCB) and fee-for-service programs which was completed January 1, 2021.

Table 16: EVV DATA

EVV DATA (JULY – SEP 2020)		
MCO	AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD	NUMBER OF TOTAL CLAIMS THIS PERIOD
BCBS	6,791	439,849
PHP	13,913	891,851
WSCC	1,522	100,754
TOTAL	22,226	1,432,454

Statewide Transition Plan

HSD plans to issue the Statewide Transition Plan (STP) for public comment and submit tribal notification by mid-2021. Once this is completed, HSD will resubmit the final STP to CMS.

MCO Internal Nursing Facility Level of Care (NF LOC) Audits

HSD requires the MCOs to provide a summary of their internal audits of NF LOC Determinations. Each MCO conducts internal random sample audits of both community-based and facility-based determinations completed by their staff based on HSD NF LOC instructions and guidelines. The audit includes accuracy, timeliness, consistency and training of reviewers. The results and findings are reported quarterly to HSD along with any Quality Performance Improvement Plan. Audit results were consistent throughout Q4. All three MCOs reported 100% agreement with reviewer determinations for both facility-based and community-based decisions and 100% agreement for facility-based timeliness and 99% for community-based timeliness. Additionally, all MCOs reported that ongoing training was provided for reviewers during Quarter 4. HSD will continue to monitor the MCOs' internal audits of NF LOC determinations and identify and address any trends and provide technical assistance as needed.

Table 17 –MCO Internal NF LOC Audits– Facility Based

Facility Based Internal Audits	Oct	Nov	Dec	DY7 Q4
High NF Determinations				
Total number of High NF LOC files audited	9	8	9	26
BCBS	3	3	3	9
PHP	4	3	4	11
WSCC	2	2	2	6
Total number with correct NF LOC determinations	9	8	9	26
BCBS	3	3	3	9
PHP	4	3	4	11
WSCC	2	2	2	6
Percent of total MCO monthly averages with correct NF LOC determination	100%	100%	100%	100%
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Low NF Determinations				
Total number of Low NF LOC files audited	21	22	26	69
BCBS	3	3	3	9
PHP	16	17	21	54
WSCC	2	2	2	6
Total number with correct NF LOC determination	21	22	26	69
BCBS	3	3	3	9
PHP	16	17	21	54
WSCC	2	2	2	6
Percent of total MCO monthly averages	100%	100%	100%	100%

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with correct NF LOC determination				
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Timeliness of Determinations				
Total number of High NF LOC determinations completed within required timeframes	9	8	9	26
BCBS	3	3	3	9
PHP	4	3	4	11
WSCC	2	2	2	6
Percent of total MCO monthly averages completed within required timeframes	100%	100%	100%	100%
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Total number of Low NF LOC determinations completed within required timeframes	21	22	26	69
BCBS	3	3	3	9
PHP	16	17	21	54
WSCC	2	2	2	6
Percent of total MCO monthly averages completed within required timeframes	100%	100%	100%	100%
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: MCO Internal NF LOC Audits submitted to HSD

Table 18: MCO Internal NF LOC Audit Report – Community Based

Community Based Internal Audits	Oct	Nov	Dec	DY7 Q4
Total number of Community Based NF LOC files audited	102	100	96	298
BCBS	28	28	28	84
PHP	58	56	52	166
WSCC	16	16	16	48
Total number with correct NF LOC determination	102	100	96	298
BCBS	28	28	28	84
PHP	58	56	52	166
WSCC	16	16	16	48
Percent of total MCO monthly averages with correct NF LOC determination	100%	100%	100%	100%
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations				
Total number of Community Based determinations completed within required timeframes	100	100	96	296
BCBS	27	28	28	83
PHP	57	56	52	165
WSCC	16	16	16	48
Percent of total MCO monthly averages of Community Based determinations completed within required timeframes	98%	100%	100%	99%
BCBS	96%	100%	100%	99%
PHP	98%	100%	100%	99%
WSCC	100%	100%	100%	100%

Source: MCO Internal NF LOC Audits submitted to HSD

Quarterly NF LOC Determinations

HSD requires that the MCOs report to the state quarterly, a monthly breakdown of all the NF LOC determinations/redeterminations that were conducted. This report includes the total number of NF LOC determinations completed, the number of determinations that were completed timely, and the number of assessments completed where the Member did not meet LOC based on HSD NF LOC instructions. Beginning with DY7Q4, HSD paused reporting timeliness of determination data due to direction, waiving timeliness requirements for NF LOC redeterminations because of the effects of the public health emergency.

Table 19: Quarterly MCO NF LOC Determinations- Facility Based

Facility Based Determinations				
HIGH NF Determinations	Oct	Nov	Dec	DY7 Q4
Total number of determinations/redeterminations completed for High NF LOC requests	65	56	69	190
BCBS	14	15	15	44
PHP	47	38	49	134
WSCC	4	3	5	12
Total number of determinations/redeterminations that met High NF LOC criteria	51	39	59	149
BCBS	9	5	6	20
PHP	38	31	48	117
WSCC	4	3	5	12
Percent of determinations/redeterminations that met High NF LOC criteria	78%	70%	86%	78%
BCBS	64%	33%	40%	45%
PHP	81%	82%	98%	87%
WSCC	100%	100%	100%	100%
Low NF Determinations	Oct	Nov	Dec	DY7 Q4
Total number of determinations/redeterminations completed for Low NF LOC requests	380	311	330	1021
BCBS	98	66	73	237
PHP	260	220	234	714
WSCC	22	25	23	70
Total number of determinations/redeterminations that met Low NF LOC criteria	358	292	315	965
BCBS	96	64	72	232
PHP	240	203	220	663
WSCC	22	25	23	70
Percent of determinations/redeterminations that met Low NF LOC criteria	94%	94%	95%	95%
BCBS	98%	97%	99%	98%
PHP	92%	92%	94%	93%
WSCC	100%	100%	100%	100%

Source: External Quality Review Organization (EQRO) Island Peer Review Organization (IPRO)

Table 20: Quarterly MCO NF LOC Determinations- Community Based

Community Based Determinations	Oct	Nov	Dec	DY7 Q4
Total number of determinations/redeterminations completed	2108	1819	2098	6025
BCBSNM	533	399	527	1459
PHP	1463	1290	1435	4188
WSCC	112	130	136	378
Total number of determinations/redeterminations that has met NF LOC criteria	2053	1776	2039	5868
BCBSNM	529	394	518	1441
PHP	1415	1254	1386	4055
WSCC	109	128	135	372
Percent of determinations/redeterminations that has met NF LOC criteria	97%	98%	97%	97%
BCBSNM	99%	99%	98%	99%
PHP	97%	97%	97%	97%
WSCC	97%	98%	99%	98%

Source: External Quality Review Organization (EQRO) Island Peer Review Organization (IPRO)

External Quality Review Organization (EQRO) NF LOC

HSD’s EQRO reviews a random sample of MCO NF LOC determinations every quarter. The EQRO conducts ongoing reviews of LOC determinations to ensure that the MCOs are applying HSD’s NF LOC criteria consistently. The EQRO provides a summary of their review to HSD monthly. Additionally, HSD reviews all determination denials identified in the EQRO review to ensure that they are appropriate based on NF LOC requirements.

Table 21: EQRO NF LOC Review

Facility-Based	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4
High NF Determination				
Number of Member files audited	49	48	50	53
BCBSNM	18	18	18	18
PHP	17	15	18	23
WSCC	14	15	14	12
Number of Member files the EQRO agreed with the determination	42	40	48	50
BCBSNM	18	17	18	15
PHP	14	12	17	23
WSCC	10	11	13	12

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%		86%	83%	96%	94%
BCBSNM		100%	94%	100%	83%
PHP		82%	80%	94%	100%
WSCC		71%	73%	93%	100%
Low NF Determination					
Number of Member files audited		77	78	75	73
BCBSNM		24	24	24	24
PHP		25	27	24	19
WSCC		28	27	27	30
Number of Member files the EQRO agreed with the determination		70	73	72	70
BCBSNM		23	22	23	24
PHP		24	25	23	16
WSCC		23	26	26	30
%		91%	94%	96%	96%
BCBSNM		96%	92%	96%	100%
PHP		96%	93%	96%	84%
WSCC		82%	96%	96%	100%
Community-Based					
Number of Member files audited		162	162	162	162
BCBSNM		54	54	54	54
PHP		54	54	54	54
WSCC		54	54	54	54
Number of Member files the EQRO agreed with the determination		162	162	160	162
BCBSNM		54	54	54	54
PHP		54	54	52	54
WSCC		54	54	54	54
%		100%	100%	99%	100%
BCBSNM		100%	100%	100%	100%
PHP		100%	100%	96%	100%
WSCC		100%	100%	100%	100%

Source: External Quality Review Organization (EQRO) Island Peer Review Organization (IPRO)

Facility-Based High NF determinations averaged 94% in DY7Q4 for EQRO agreement, decreasing slightly from 96% in Q3 but remaining higher than percentages reported in Q1 and Q2 of DY7. Facility-Based Low NF determinations continue to average 96% in Q4 for EQRO agreement for determinations, which matched the percentage of Low NF determinations in DY7Q3. Community-Based determinations increased in Q4 to 100% from an average of 99% in DY7Q3 for EQRO agreement. HSD noted that the overall number of determination disagreements for the MCOs decreased slightly from seven (7) in DY7Q3 to six (6) in DY7Q4. HSD will continue to monitor the EQRO audit of MCO NF LOC determinations and identify and address any trends and provide technical assistance as needed.

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AI/ AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
BCBS	<p>February 18, 2020 Acoma Pueblo, NM</p> <p>May 7, 2020 Mescalero, NM</p> <p>September 17, 2020 web/phone meeting</p> <p>November 12, 2020 web/phone meeting</p>	<p>Issues: Low meeting attendance. Some community agencies are unclear about purpose of Native American Advisory Board (NAAB) meetings and there were no health screening opportunities available.</p> <p>Recommendations: Make additional calls if total RSVP count is low, call to previously visited agencies to clarify meeting purpose, and explore opportunities to incorporate the BCBSNM Care Van into future meetings to provide dental, vision or health screenings.</p> <p>Cancelled due to pandemic</p> <p>Issues: Short notice of meeting, difficulty with muting background noise during meeting, technical difficulties with people calling in or joining online by computer, unable to verify attendees.</p> <p>Recommendations: Provide at least two weeks notice for a NAAB, work on muting callers and provide more information about joining by computer.</p> <p>Issues: Question about whether local providers are in BCBS network for audiology and vision services, how the traditional healing benefit works.</p> <p>Recommendations: Customer Advocate emailed the list of providers to member and BCBS explained Value-Added Services (VAS) and whether limitations may apply.</p>
PHP	<p>None</p> <p>September 25, 2020</p>	<p>There were no Native American Advisory Board (NAAB) meetings the first half of 2020 due to the pandemic.</p> <p>Issues: Member had a question regarding</p>

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	<p>global go to meeting</p> <p>December 2, 2020 global go to meeting</p>	<p>payment of medical bills. PHP mentioned possible financial resources if services were received at a Presbyterian facility.</p> <p>Recommendations: Notes should reflect that PHP staff followed up with member to resolve issue.</p> <p>There was a NAAB meeting scheduled for December 2, 2020 but no members called in to it.</p>
WSCC	<p>March 5, 2020 – Albuquerque</p> <p>July 30, 2020</p> <p>November 5, 2020 web/phone meeting</p>	<p>Issues: On the feedback card several members mentioned the room was small and not enough seating. Several questions were asked about benefits and the Traditional Healing Service. A member asked about an interpreter for a doctor visit.</p> <p>Recommendations: WSCC should find a larger venue in the Albuquerque area with microphones for future meetings. WSCC answered the members questions and provided assistance during the meeting. If a member needs an interpreter they can call member services prior to the appointment to get an interpreter over the phone.</p> <p>Cancelled due to pandemic.</p> <p>Issues: Questions were asked about transportation reimbursement, what a holistic care grant is, and what behavioral health services WSCC provides.</p> <p>Recommendations: WSCC explained what a holistic care grant was, how to get travel reimbursement, and provided information about their My Strength on line tool to help with emotional wellbeing. Each member was also directed to Member Services at WSCC.</p>

Table 22: Status of Contracting with MCOs

MCO	Status
BCBS	<p>BCBSNM remains open and willing to contract with any I/T/U provider, however they continue to be unsuccessful in engaging in meaningful negotiations with I/T/U providers. The Navajo Area IHS is the largest, non-contracted I/T/U provider group not contracted with BCBSNM, and according to BCBS, they are not responsive to outreach efforts or indicate an interest into entering into an agreement. BCBSNM will continue to reach out at least once per month to determine if the status has changed.</p>
PHP	<p>Much of Presbyterian Health Plan (PHP) efforts at contracting or establishing agreements with ITUs has slowed due to the COVID-19 pandemic and public health orders. Many of the Tribes have been officially closed to all non-essential workers and there has been a large disruption of their day to day business. PHP will continue to provide information about PHPs Value Based Purchasing arrangements as requested or as interest is identified.</p> <p>Much of the focus of PHPs collaborative work with the I/T/Us, CHR Programs and Tribal Programs has shifted to supporting various grassroots Covid-19 prevention efforts and ensuring sustained services to their membership.</p> <p>PHP Native American Affairs will continue to communicate the availability of reimbursement agreements, as various ITU, CHR and Tribal Programs transition back into regular service or as their respective leadership allows.</p>
WSCC	<p>With the Federal and State Public health emergency declaration still in effect, the majority of the Tribal administrations remain closed to working with external organizations regarding contracting for services. This has continued to make outreach in 2020 very difficult for the Tribal Relations Department. Tribes have also continued to limit access to their reservations to only Tribal members who are current residents. At the request of the Tribes, WSCC has been asked to place all outreach, discussions, development and implementation activities related to new business or agreements on hold until the public health emergency has been contained and restrictions lifted. WSCC will continue to work internally on projects relating to providing contracting opportunities and technical assistance.</p>

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ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Remediate Care Coordination Audit Findings
IMPLEMENTATION DATE:	7/19/2016
COMPLETION DATE:	11/30/2020- Closed
ISSUES	Overall care coordination with focus on improved practices following the record review and the onsite review
RESOLUTION	<p>HSD monitored BCBS's leveling of Members to ensure that Members enrolled in waiver categories were appropriately leveled through a quarterly Internal Action Plan (IAP).</p> <p>HSD placed this quarterly IAP on hold in DY7 Q2 due to the current State COVID-19 health directive. HSD requested BCBS submit their internal audit results for DY7 Q2 and DY7 Q3 in DY7 Q4. BCBS submitted internal audit results showing compliance of 89% for DY7 Q2 and 95% for DY7 Q3. HSD completed a confirmation audit, in DY7 Q4, of BCBS files from DY7Q2 and DY7 Q3. HSD was in agreement with BCBS and found the files to be in compliance. HSD notified BCBS that this Action Step was closed.</p> <p>HSD continues to monitor all MCO leveling of Members to ensure Members are appropriately leveled through monthly Care Coordination Level audits.</p> <p>All line items have been closed on this action plan.</p>

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Davis Vision
IMPLEMENTATION DATE:	10/29/2020
COMPLETION DATE:	Open Item
ISSUES	<p>Davis Vision had not met contractual timeliness measures for certain Customer Service metrics.</p> <p>Abandonment Rate (5% or less) = Failed January, February, July and August.</p> <p>Service Level (85% or more calls are answered by a live person within 30 seconds) = Failed January, Feb, May, June, July & August.</p>
RESOLUTION	<p>On October 7, 2020, BCBS provided a draft action plan to Davis Vision. Davis and BCBSNM are finalizing the action plan interventions.</p> <p>In December 2020, Davis Vision has completed several actions to improve performance such as hiring staff, revision of operational reports and monitoring Service Level Agreements (SLAs) closely. Davis Vision has met the metrics for the past two months and action plan is targeted to close at the end of January 2021.</p>
ACTION PLAN	2018 Annual Technical Report (Annual PM & PIP Reviews)

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PRESBYTERIAN HEALTH PLAN	
IMPLEMENTATION DATE:	7/31/2020
COMPLETION DATE:	Partially Closed
ISSUES	Performance Measures 4, 5 & 8
RESOLUTION	<p>8/1/2020 - PHP is reviewing the report and has requested additional details of the audit to ensure understanding, so it may correct any findings determined to be insufficient.</p> <p>PM 4 - Comprehensive Diabetes Care HbA1c test demonstrated improvement between CY 2016 and CY 2017 but did not demonstrate improvement between CY 2017 and CY 2018. The PHP Quality team implemented interventions for improvements in 2018 through 2019, and PHP believes it has now met standards. Therefore, this finding is considered closed.</p> <p>PM 5 - Timeliness of Prenatal care demonstrated improvement between CY 2017 and CY 2018 but did not exceed the CY 2016 average. The PHP Quality team reports that new interventions were put into place and scores for this performance measure continue to improve</p> <p>PM 8 - Follow-up after Hospitalization for Mental Illness of Four days or more was not validated due to deviations from the state-validated technical specifications. Improvements were made to the tracking requirements and other initiatives are ongoing.</p>

PRESBYTERIAN HEALTH PLAN

ACTION PLAN

2018 Annual Technical Report (Network Adequacy)

IMPLEMENTATION DATE:

7/31/2020

COMPLETION DATE:

In Progress

ISSUES

Assisted Living Facilities

RESOLUTION

PHP's network for Assisted Living Facilities (ALFs) were found to be insufficient in some urban and rural regions. PHP agrees with this audit finding and will review the current network and if insufficient, as identified in late 2018, will correct accordingly. As requested by the external auditor, updated information on the action plan to improve this finding was submitted on 1/29/21. All ALFs that take Medicaid Insurance and meet PHP's quality standards have been contracted by the end of Q4 2020. Additional efforts are ongoing.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	12/6/2019
COMPLETION DATE:	11/6/20
ISSUES	On 12/6/2019, WSCC issued a Notice of Noncompliance and Request for Corrective Action Plan (CAP) to its subcontractor, Secure Transportation, for failure to meet formatting, timeliness, and accuracy requirements for encounter submissions.
RESOLUTION	After WSCC's notification to Secure on 8/27/2020 of its intention to terminate the Agreement unless the encounter deficiencies were resolved by 10/26/20, WSCC and Secure met regularly during Q4 to review Secure's progress in resolving the issues. The 10/26/20 due date was extended to 11/6/20. WSCC determined that as of 11/6/20, Secure had demonstrated significant progress in addressing the encounter issues, closed the CAP, and rescinded the intention to terminate.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	3/5/2020
COMPLETION DATE:	11/6/20
ISSUES	WSCC requested a Quality Improvement Plan (QIP) from its subcontractor, Secure Transportation, on 2/11/2020. The request for a QIP was related to findings from the 2019 annual audit in areas related to credentialing, customer service, and compliance with driver and vehicle requirements.
RESOLUTION	After WSCC's notification to Secure on 8/27/2020 of its intention to terminate the Agreement unless the identified deficiencies were resolved by 10/26/20, WSCC and Secure met regularly during Q4. The 10/26/20 due date was extended to 11/6/20. WSCC determined that as of 11/6/20, Secure had updated its credentialing policies and procedures to meet state and federal requirements. This QIP was closed and the intention to terminate was rescinded.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	12/8/20
COMPLETION DATE:	open
ISSUES	Following the 2020 Audit, Secure provided and WSCC accepted a new QIP to resolve the remaining credentialing issues from the 2019 & 2020 audits and the identified driver and vehicle requirement deficiencies. All QIP documents and responses are due by 3/8/21. WSCC is providing monthly updates on the progress of the QIP to HSD.
RESOLUTION	Documentation provided by Secure in December 2020 resolved one of the deficiencies.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Configuration of WSCC systems to implement required provider rate increases and reprocess claims to adjust payments to Physical Health and Behavioral Health (PH and BH) providers
IMPLEMENTATION DATE:	5/28/2020
COMPLETION DATE:	10/30/20
ISSUES	Delays in reprocessing of claims for several Physical Health (PH) provider types and completing code configurations identified for Behavioral Health (BH) Providers. Limited progress in reprocessing claims related to the BH configurations for numerous providers.
RESOLUTION	WSCC implemented an Internal Corrective Action Plan (ICAP) to address the identified issues. WSCC's ICAP also proactively addressed pending LTC rate and billing issues. By the end of DY7 Q4 ,WSCC had completed all PH and BH configurations and claims reprocessing and addressed the LTC and billing issues. The ICAP was closed 10/30/20.

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FINANCIAL/ BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY7 Q4, reflects the capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid Services (CMS) on January 6, 2020 and updated rates submitted on April 29, 2020. The rates of those submissions were approved on October 2, 2020. Another rate update was submitted on August 10, 2020. The result is higher PMPMs for DY 7 compared to those of DY 6 for all MEGs (see Attachment A – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG), except MEG 4. On Attachment A – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis shows DY 7 is 18.5% below the budget neutrality limit (Table 7.5) through four quarters of payments.

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MEMBER MONTH REPORTING

Member Months		2020
		4
MEG1	0-FFS	108,462
	Presbyterian	604,282
	Western Sky	110,588
	Blue Cross Blue Shield	383,128
	Total	1,206,460
MEG2	0-FFS	6,810
	Presbyterian	60,999
	Western Sky	10,740
	Blue Cross Blue Shield	35,497
	Total	114,046
MEG3	Presbyterian	67,325
	Western Sky	8,461
	Blue Cross Blue Shield	31,855
	Total	107,641
MEG4	0-FFS	372
	Presbyterian	365
	Western Sky	58
	Blue Cross Blue Shield	260
	Total	1,055
MEG5	Presbyterian	8,238
	Western Sky	1,290
	Blue Cross Blue Shield	6,329
	Total	15,857
MEG6	0-FFS	85,594
	Presbyterian	387,480
	Western Sky	84,499
	Blue Cross Blue Shield	291,346

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	Total	848,919
Total		2,293,978

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CONSUMER ISSUES

Grievances

MCOs submit a monthly grievances and appeals report (Report #37). The report provides information related to the primary top two member grievance reason codes reported and presents the MCOs response to ensure that grievances filed by members are addressed timely and appropriately.

HSD reviewed and analyzed the data submitted to assess the MCOs compliance with HSD contractual requirements. The data below represents a MCO specific summary of the monthly reports by quarter for DY7(January 1, 2020 through December 31, 2020).

GRIEVANCES REPORTED			
GRIEVANCES	BCBS	PHP	WSCC
Number of Member Grievances	190	200	41
Top Two Primary Member Grievance Codes			
Transportation Ground Non-Emergency	83	25	12
Other Specialties	5	35	0
Variable Grievances	102	140	29

Appeals

MCOs submit a monthly grievances and appeals report (Report #37). The report provides information related to the primary top two member appeals reason code reported and presents the MCOs response to ensure that appeals filed by members are addressed timely and appropriately.

HSD reviewed and analyzed the data submitted to assess the MCOs compliance with HSD contractual requirements. The data below represents a MCO specific summary of the monthly reports by quarter for DY7(January 1, 2020 through December 31, 2020).

APPEALS REPORTED (JAN. – DEC. 2020)												
APPEALS	BCBS				PHP				WSCC			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Standard Member Appeals	284	244	367	364	466	358	469	446	36	21	27	28
Number of Expedited Member Appeals	56	43	37	49	8	18	8	21	8	1	4	0
Top Two Primary Member Appeal Codes												
	BCBS				PHP				WSCC			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Denial or limited authorization of a requested service	210	213	361	354	419	340	419	438	40	20	27	28
Denial in whole of a payment for a service	74	38	29	48	27	22	41	21	0	0	0	0
Variable Appeals	56	36	14	11	28	14	17	8	4	2	4	0

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QUALITY ASSURANCE/ MONITORING ACTIVITY

Advisory Board Activities

Under the terms of HSD’s Centennial Care 2.0 Managed Care Services Agreements and the Managed Care Policy Manual, the MCOs are required to convene and facilitate a Native American Advisory Board and a Member Advisory Board to advise on service delivery, the quality of covered services, and member needs, rights, and responsibilities. HSD specifies the frequency of board meetings. The MCOs report semi-annually on the activities of the Advisory Boards. Please reference the table below: 2020 MCO Advisory Board Meeting Schedules. On 5/4/2020, HSD advised the MCOs that Advisory Board meetings should be suspended or held remotely during the COVID-19 Public Health Emergency.

Table 23: 2020 MCO Advisory Board Meeting Schedules

BCBS 2020			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	2/27/2020	12:00 PM	Los Lunas Transportation Department Auditorium, Los Lunas, NM
BCBS	4/30/2020	12:00 PM	Mesa Verde Community Center, Albuquerque, NM (Cancelled due to COVID-19)
BCBS	8/27/2020	12:00 PM	South Valley Multi-Purpose Senior Center, Albuquerque, NM (Cancelled due to COVID-19)
BCBS	12/10/2020	12:00 PM	Boys & Girls Club of Central NM, Rio Rancho NM
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	6/18/2020	12:00 PM	Frank O'Brien Papen Center, Las Cruces, NM (Cancelled due to COVID-19)
BCBS	10/8/2020	12:00 PM	Hobbs Public Library, Hobbs, NM
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	2/13/2020	12:00 PM	Acoma Community Center, Acoma, NM

BCBS	5/7/2020	12:00 PM	Mescalero Tribal Building Gym, Mescalero, NM (Cancelled due to COVID-19)
BCBS	8/20/2020	12:00 PM	Santo Domingo Elementary/Middle School Gymnasium, Santo Domingo, NM (Cancelled due to COVID-19)
BCBS	11/4/2020	12:00 PM	Gallup Community Service Center, Gallup, NM

**Note cancelled meetings due to COVID-19 will not be rescheduled.

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
BCBS	See above	See above	All above locations (SDCB included in each meeting)

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
BCBS	See above	See above	All above locations (SDCB included in each meeting)

PHP 2020

MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
PHP	3/6/2020	11:00 AM	PHP Cooper Administrative Center, Albuquerque NM
PHP	6/5/2020	Cancelled COVID-19	PHP Cooper Administrative Center, Albuquerque NM
PHP	9/4/2020	11:00 AM	PHP Cooper Administrative Center, Albuquerque NM
PHP	12/4/2020	11:00 AM	PHP Cooper Administrative Center, Albuquerque NM

STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
PHP	6/30/2020	Cancelled COVID-19	TBD, Roswell, NM
PHP	7/1/2020	Cancelled COVID-19	TBD, Ruidoso, NM

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
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PHP	3/20/2020	Cancelled COVID-19	Tamaya Wellness Center, Santa Ana Pueblo, NM
PHP	5/22/2020	Cancelled COVID-19	Taos Pueblo, NM
PHP	TBD	TBD	Pine Hill, NM (Navajo) – Planning on hold
PHP	TBD	TBD	PHP Cooper Administration Center – Albuquerque, NM

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
PHP	TBD	TBD	TBD On Hold until DY7 Q4 or DY8 Q1

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
PHP	3/31/2020	Cancelled COVID-19	PHP Cooper Administrative Center, Albuquerque NM –
PHP	6/9/2020	Cancelled COVID-19	PHP Cooper Administrative Center, Albuquerque NM
PHP	9/15/2020	1:00 PM	PHP Cooper Administrative Center, Albuquerque NM
PHP	12/8/2020	1:00 PM	PHP Cooper Administrative Center, Albuquerque NM

WSCC 2020

MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
WSCC	2/13/2020	11:30 AM	Albuquerque, NM - Mesa Verde Community Center
WSCC	6/18/2020	11:30 AM	Albuquerque, NM Cancelled due to COVID-19
WSCC	09/24/20	11:30 AM	Albuquerque, NM – Virtual Venue
WSCC	12/17/2020	11:30 AM	Albuquerque, NM – Virtual Venue

STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
WSCC	10/14/2020	11:30 AM	Las Cruces, NM – Virtual Venue
WSCC	10/15/2020	11:30 AM	Roswell, NM – Virtual and/or Telephonic Venue

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NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	3/5/2020	11:30 AM	WSCC Home Office: 5300 Homestead Rd NE, Albuquerque, NM 87110
WSCC	6/4/2020	5:00 PM	Rio Arriba County - Venue location TBD Cancelled due to COVID-19
WSCC	9/3/2020	11:00 AM	McKinley County – Virtual and/or Telephonic Venue
WSCC	12/3/2020	5:00 PM	San Juan County – Virtual and/or Telephonic Venue
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	6/18/2020	1:30 PM	Albuquerque, NM - Venue location TBD Cancelled due to COVID-19
BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	10/14/2020	1:30 PM	Las Cruces, NM – Virtual Venue
COMMUNITY ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	12/9/20	10:30 AM	Albuquerque, NM – Virtual Venue

Public Forum

During DY7, HSD held four Medicaid Advisory Committee (MAC) meetings and solicited public input about the Centennial Care 2.0 program in various program areas. Program updates included New Mexico Medicaid activities, COVID-19 efforts, and an overview of planned amendment and submission.

Quality Assurance

DY7 Activities

Quarterly Quality Meeting

HSD holds Quarterly Quality Meetings with the MCOs to provide HSD updates and guidance on required quality monitoring activities as well as relay HSD findings from the monthly, quarterly, and annual reports submitted by the MCOs.

The Quarterly Quality meeting for Q4 DY7 was held on December 17, 2020. During the meeting HSD provided technical assistance to the MCOs regarding data collection and reporting methodologies and informed MCOs of the Letter of Direction (LOD) for revised PM#1 from W15 to W30. HSD also provided guidance on the reporting methodology for Follow-up After Hospitalization for Mental Illness (FUH)/Follow-up After Emergency Department Visit for Mental Illness (FUM) Monitoring. HSD reviewed the MCO aggregated survey results of the CY19 CAHPS survey. Data from the contract required Tracking Measures were discussed in conjunction with HSD's expectation that MCOs are to refresh data for the two previous quarters to reflect accurate data and prevent report rejection. In addition, HSD presented status updates for the External Quality Review activities that occurred within the calendar year.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The findings presented for the annual CAHPS survey represent the MCO aggregate results for Members who were eligible and received health care services through Centennial Care in 2019. The survey results were presented for the adult, child, and children with chronic conditions (CCC) populations and were compared to the results from the 2018 annual CAHPS report and the 2019 Quality Compass (QC) National Averages. WSCC was not a participating MCO with Centennial Care in 2018, and therefore was not represented in the data results for 2018. Results presented included:

Adult Ratings: Health Care, Personal Doctor, Specialist, and Health Plan. The results showed improvement from 2018 to 2019 in all four ratings, and the MCOs exceeded the QC National Average for all of the ratings except for the Rating of Health Plan.

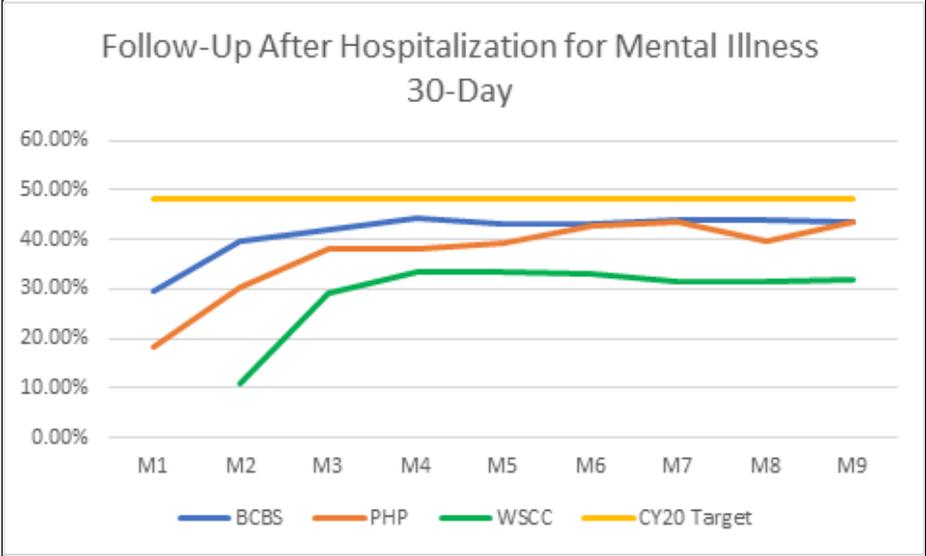
Child Ratings: Health Care, Personal Doctor, Specialist, and Health Plan. The results showed improvement from 2018 to 2019 for the Rating of Personal Doctor and the Rating of Health Plan, and the MCOs exceeded the QC National Average for the Rating of Health Plan.

CCC Ratings: Health Care, Personal Doctor, Specialist, and Health Plan. The results showed improvement from 2018 to 2019 for the Rating of Personal Doctor, the Rating of Specialist, and the Rating of Health Plan, and the MCOs also exceeded the QC National Average for these three ratings.

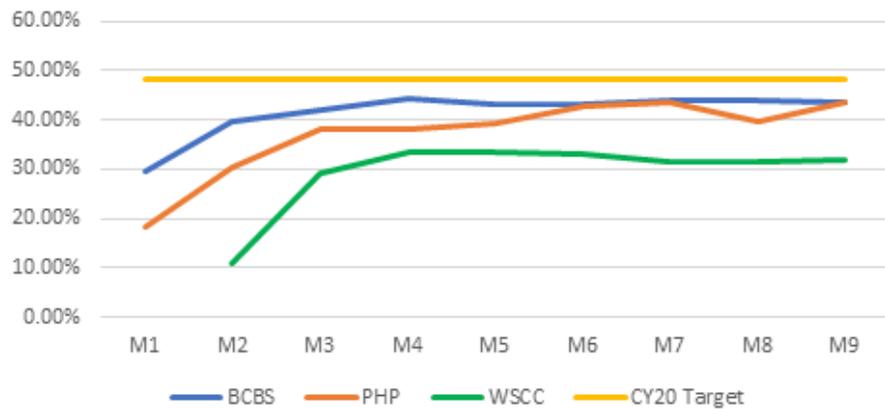
Follow-up after Hospitalization for Mental Illness (FUH) and Follow-up after Emergency Department visit for Mental Illness (FUM) – Monthly Monitoring

HSD initiated a monthly monitoring plan to address the decline in HEDIS rates from CY 2017 to CY 2018, for FUH and FUM with the legacy MCOs (BCBS and PHP). In August of DY7 and after a full year of participating in HEDIS reporting, HSD directed WSCC to provide submissions on both measures. HSD provided the MCOs with instructions and a monitoring tool to provide a monthly account of the ongoing interventions, strategies and barriers associated with improving performance outcomes.

In Q4 of DY7 HSD reviewed and analyzed the reports submitted in Q3 (July, August and September). The table below depicts monthly performance rates for the MCOs:



Follow-Up After Hospitalization for Mental Illness 30-Day



HSD noted the following strategies and interventions developed by the MCOs to improve the rates;

BCBS: Utilization of the EDIE System is used to identify and conduct targeted outreach to members. This allows for BH Recovery Support Assistants and Transition of Care staff to utilize the EDIE System to engage members via telephonic outreach to provide support and assistance with setting up follow-up appointments within 30 days of discharge. Provider Education/Telehealth Training are being conducted amongst BH Quality Staff and Leadership.

PHP: Consult Liaison Services operate within 7 PHS delivery system emergency departments. The services are in operation daily and are monitored at each site location as appropriate. Enrollment and performance activity within the Provider Quality Incentive Program (PQIP) program is monitored quarterly by the PHP Performance Improvement department. The PQIP program FUM metric performance thresholds begin incentivizing participating providers at 30% FUM follow-up rates. If assigned members are attending follow-up appointments at 30% or greater rates, the provider is eligible for an increased incentive payment.

WSCC: Has developed a contract with Teambuilders Behavioral Health of Santa Fe to complete statewide outreach to members after discharge to complete a telehealth assessment and ensure appropriate follow up. Quality Improvement facilitated the meeting, which was attended by the Director of Behavioral Health Services, Behavioral Health Medical Director, staff from the Pharmacy department, Care Management, Provider Networks and other interested parties. FUM intervention process data was reviewed.

Performance Measures (PMs)

HSD performance measures and targets are based on HEDIS technical specifications. The MCO is required to meet the established performance targets. Each Calendar Year (CY) target is a result of the CY18 MCO aggregated Audited HEDIS data, calculating an average increase for each CY until reaching the CY18 Quality Compass Regional Average plus one (1) percentage point. Failure to meet the HSD designated target for individual performance measures during the CY will result in a monetary penalty based on two percent (2%) of the total capitation paid to the MCO for the agreement year. HSD requires the MCOs to submit a quarterly report that is used to monitor the performance of each PM to determine if MCOs are on track for meeting the established target. MCOs report any significant changes as well as interventions, strategies and barriers that impact improved performance. HSD staff reviews and analyzes the data to determine if the MCOs are trending towards meeting the established targets. HSD findings are communicated to the MCOs through MCO specific technical assistance calls and during the Quarterly Quality Meeting.

Below are the MCO quarterly rates and interventions for each PM and their established target for CY20:

PM #1 (1 point) – Well Child Visits in the First fifteen (15) Months of Life (W30)The percentage of Members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits:

CY 2020 target is 62.62%.

MCO Aggregate: Q1 Total 34.26%; Q2 Total 46.45%; Q3 Total 51.64%: Increase of 5.19 percentage points from Q2 to Q3

BCBS Q1 32.12%; Q2 45.41%; Q3 54.08%: Increase of 8.67 percentage points from Q2 to Q3

Strategies and Interventions – Member outreach calls were conducted to members in Q3, encouraging and assisting parent/guardian to schedule a well child visit. BCBS also included the Special Beginnings script to telephonic calls. Special Beginnings is a maternity program that helps expectant mothers better understand and manage their pregnancy as well as provide infant care after delivery, which includes information on well baby care. These interventions attributed to the greater than 5% positive shift for this PM.

	<p>PHP Q1 51.68%; Q2 52.61%; Q3 50.57%: Decrease of -2.04 percentage points from Q2 to Q3</p> <p>Strategies and Interventions- PHP describes several strategies for member outreach designed to overcome barriers resulting from state health mandates such as telephonic, mail and provider interventions to encourage parents to work with their pediatricians on Well Child Visits. Although a decrease was reported Q3 2020, education on telehealth visits, travel assistance and scheduling physician appointments continue to be focal points for maintaining cumulative increases.</p> <p>WSCC Q1 20.41%; Q2 34.32%; Q3 44.68%: Increase of 10.36 percentage points from Q2 to Q3</p> <p>Strategies and Interventions- WSCC convened a workgroup to assess barriers despite a 10.36% increase in Q3 from the previous quarter's reporting. Program initiatives such as, Start Smart for Your Baby (SSFB) and Families First are designed to support moms who just had a baby by providing information on life after delivery, this includes information on the importance of Vaccinations and Well Child Visits, and provider based VBP incentive programs successfully impacted this measure.</p> <p>PM #2 (1 point) – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</p> <p>The percentage of Members ages three (3) through seventeen (17) years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year:</p> <p>CY 2020 target is 48.52%.</p> <p>MCO Aggregate: Q1 Total 3.04%; Q2 Total 3.47%; Q3 Total 4.17%: Increase of 0.7 percentage points from Q2 to Q3</p> <p>BCBS Q1 4.42%; Q2 4.49%; Q3 5.58%: Increase of 1.09 percentage points from Q2 to Q3</p> <p>Strategies and Interventions- The Indices, (a BCBS reporting platform), postcard mailings, as well as telephonic and virtual style visits are reported as counting towards this PM's cumulative improvement.</p> <p>PHP Q1 1.64%; Q2 2.08%; Q3 2.53%: Increase of 0.45 percentage points from Q2 to Q3</p>
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Strategies and Interventions- Although this PM saw a slight increase PHP reports Member reluctance to possible children exposure to COVID-19. As such, PHP has reinitiated outreach activities in Q3 2020 that include telephonic and written reminders for Well Child Visits and include telehealth initiatives and assistance in arranging appointments.

WSCC Q1 4.81%; Q2 6.49%; Q3 7.22%: Increase of 0.73 percentage points from Q2 to Q3

Strategies and Interventions- Encouraging providers to use telehealth to meet this measure for families who prefer to avoid in-person visits and working with VBP providers to identify opportunities for including WCC-Physical Activity are strategies currently employed to ensure the continued improvement of this measure.

PM #3 (1 point) – Prenatal and Postpartum Care (PPC)

The percentage of Member deliveries of live births between October 8 of the year prior to the measurement years and October 7 of the measurement year that received a prenatal care visit as a Member of the CONTRACTOR's MCO in the first trimester or within forty-two (42) Calendar Days of enrollment in the CONTRACTOR's MCO: CY 2020 target is 78.67%.

MCO Aggregate: Q1 Total 68.80%; Q2 Total 68.64%; Q3 Total 68.54%: Decrease of -0.1 percentage points from Q2 to Q3

BCBS Q1 58.22%; Q2 58.34%; Q3 58.03%: Decrease of -0.31 percentage points from Q2 to Q3

Strategies and Interventions- The Special Beginnings maternity educational program and the Centennial Home Visiting program continue to outreach BCBS's pregnant population telephonically. Although Q3 experienced a slight decrease, ongoing interventions such as the Certified Nurse Midwives Advisory Board Meeting and the inclusion of Prenatal and Postpartum measurements for the BCBSNM updated Quality Care Coordination Handbook are credited as education resources for the overall continued improvement of this PM.

PHP Q1 77.33%; Q2 77.36%; Q3 77.34%: Decrease of -0.02 percentage points from Q2 to Q3

Strategies and Interventions- PHP has increased the amount offered in prenatal rewards program to encourage members to complete their prenatal visits. PHP communicates this to Members by mailing a

notification of change to ensure this measure improves with each cumulative reporting period.

WSSC Q1 58.91%; Q2 58.50%; Q3 61.77%: Increase of 3.27 percentage points from Q2 to Q3

Strategies and Interventions- During Q3, the WSSC mapped all workflows around prenatal through infant periods to identify barriers and potential interventions. This effort resulted in additional collaboration between Medical Management and Quality to ensure all members are aware of available services. Centennial Rewards points are used as a member incentive for members who complete prenatal and postpartum visits.

PM #4 (1 point) – Prenatal and Postpartum Care (PPC)

The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery:

CY 2020 target is 63.35%.

MCO Aggregate: Q1 Total 47.58%; Q2 Total 49.11%; Q3 Total 48.27%: Decrease of -0.84 percentage points from Q2 to Q3

BCBS Q1 38.49%; Q2 43.01%; Q3 46.83%: Increase of 3.82 percentage points from Q2 to Q3

Strategies and Interventions- Provider interventions such as the initial, ongoing and refresher training for provider groups took place in Q3. Additional interventions include support of the quarterly Certified Nurse Midwives Advisory Board Meeting and quarterly articles in the member newsletter and completion of BCBSNM updated Quality Care Coordination Handbook to include education on postpartum depression.

PHP Q1 55.52%; Q2 55.06%; Q3 50.73%: Decrease of -4.33 percentage points from Q2 to Q3

Strategies and Interventions- As with PM3, PHP saw a decrease for this performance measure. PHP has increased the amount offered in prenatal rewards program to encourage members to complete their postpartum visits. PHP communicates this to Members by mailing a notification of change to ensure this measure improves with each cumulative reporting period.

WSSC Q1 35.22%; Q2 38.37%; Q3 40.54%: Increase of 2.17 percentage points from Q2 to Q3

Strategies and Interventions- Interventions include an additional collaboration between Medical Management and Quality to ensure all members are aware of available services. Members are reminded of Centennial Rewards incentive points for completing postpartum visits for this steadily improving measure.

**PM #5 (1 point) – Childhood Immunization Status (CIS):
Combination 3**

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday:

CY 2020 target is 68.01%.

MCO Aggregate: Q1 Total 33.65%; Q2 Total 40.90%; Q3 Total 45.35%: Increase of 4.45 percentage points from Q2 to Q3

BCBS Q1 21.47%; Q2 24.12%; Q3 25.11%: Increase of 0.99 percentage points from Q2 to Q3

Strategies and Interventions- Quarter-over-quarter improvement for this PM are reported as resulting from Member education-focused strategies such as Member outreach calls conducted in Q3 to provide health education for immunizations and the scheduling of appointments.

PHP Q1 66.50%; Q2 64.86%; Q3 64.50%: Decrease of -0.36 percentage points from Q2 to Q3

Strategies and Interventions- Social media posts, member mailings, telephonic outreach, training Care Coordinators and CHW outreach calls are reported as strategies intended to improve this measure which has remained relatively consistent at an average of 65.30% for each quarter in 2020.

WSSC Q1 45.35%; Q2 51.07%; Q3 53.39%: Increase of 2.32 percentage points from Q2 to Q3

Strategies and Interventions- WSSC initiated a “Proactive Outreach Management” (POM) campaign for child well visits during Q3. The POM auto-dialer relayed an automated reminder message to families of children with no annual well visits. Additionally, WSSC is working closely with VBP to prioritize children under 24 months of age who are not up-to-date with visits.

PM #6 (1 point) – Antidepressant Medication Management (AMM): Continuous Phase

The number of Members age eighteen (18) years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty (180) Calendar Days (6 months) of continuous treatment with an antidepressant medication:

CY 2020 target is 34.33%.

MCO Aggregate: Q1 Total 31.10%; Q2 Total 36.27%; Q3 Total 39.76%: Increase of 3.49 percentage points from Q2 to Q3

BCBS Q1 27.66%; Q2 33.42%; Q3 38.55%: Increase of 5.13 percentage points from Q2 to Q3

Strategies and Interventions- The provider education webinar on appropriately diagnosing and treating depression was held with providers in Q3 2020, as well as continued member outreach and member webinars to ensure a greater than 5% positive shift for this measure.

PHP Q1 41.24%; Q2 41.28%; Q3 41.65%: Increase of 0.37 percentage points from Q2 to Q3

Strategies and Interventions- Outreach to members encouraging members to obtain anti-depressant medications with education and a rewards program in Q3 of 2020 is reported as a successful intervention for maintaining rates.

WSSC Q1 24.90%; Q2 31.37%; Q3 35.96%: Increase of 4.59 percentage points from Q2 to Q3

Strategies and Interventions- To continue sustained growth, WSSC provided clinical pharmacist-led Medication Therapy Management (MTM) to members new in the AMM denominator, and strategies that improve the provider/prescriber education process around the 90 day

refill for members who are in the maintenance phase of their medications for AMM.

PM #7 (1 point) – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation

The total percentage of adolescent and adult Members with a new episode of alcohol or other drug (AOD) dependence who received the following: Initiation of AOD Treatment:

CY 2020 target is 43.34%.

MCO Aggregate: Q1 Total 49.08%; Q2 Total 48.53%; Q3 Total 47.70%: Decrease of 0.83 percentage points from Q2 to Q3

BCBS Q1 39.30%; Q2 40.63%; Q3 41.57%: Increase of 0.94 percentage points from Q2 to Q3

Strategies and Interventions- A provider education webinar on substance abuse was held in Q3 2020. Continuation of successful initiatives such as the Reserved Appointment Initiative and the Outreach by Recovery Support Assistant (RSA), a telephonic intervention, have contributed to the cumulative increase of this performance measure.

PHP Q1 55.37%; Q2 54.29%; Q3 52.57%: Decrease of 1.72 percentage points from Q2 to Q3

Strategies and Interventions- The Value Based Programs continued in CY 2020, including the Behavioral Health Quality Incentive Program (BQIP) and the Provider Quality Incentive Program. In the BQIP program, participating BH outpatient providers are offered a financial incentive per member who successfully completes IET engagement visits.

WSCC Q1 43.65%; Q2 43.47%; Q3 43.15%: Decrease of 0.32 percentage points from Q2 to Q3

Strategies and Interventions- WSCC reports providers participating in Value Based Program (VBP), for BH providers, and training around technology and telemedicine platforms to prevent further negative decreases for this measure.

PM #8 (1 point) – Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness

diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge:
CY 2020 target is 48.42%.

MCO Aggregate: Q1 Total 43.63%; Q2 Total 43.32%; Q3 Total 42.65%: Decrease of 0.67 percentage points from Q2 to Q3

BCBS Q1 41.94%; Q2 43.07%; Q3 43.59%: Increase of 0.52 percentage points from Q2 to Q3

Strategies and Interventions- Provider education, including an FUH tip sheet and an outpatient incentive program in Q3 of 2020. Member outreach continues telephonically to overcome barriers presented by social distancing guidelines.

PHP Q1 50.17%; Q2 46.35%; Q3 44.49%: Decrease of 1.86 percentage points from Q2 to Q3

Strategies and Interventions- Provider interventions through the Value Based Purchasing (VBP) Programs, including the Model Facility Incentive Program (MFIP), the Behavioral Health Quality Incentive Program (BQIP), and the Provider Quality Incentive Program (PQIP). The MFIP program is intended for inpatient acute BH facilities and participating providers are offered incentives based on performance in key quality metrics.

WSCC Q1 29.23%; Q2 33.16%; Q3 32.02%: Decrease of 1.14 percentage points from Q2 to Q3

Strategies and Interventions- Member initiatives include the FUH follow up gift card, WSCC BH liaisons assisting with appointment, and the assessment of member-level data to identify barriers to attending scheduled appointments. Provider initiatives for this quarter include a plan to incentivize discharge facilities for completed appointments within 30 days, and claims data to identify providers who are using telemedicine to complete the follow up visit.

PM #9 (1 point) – Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of the ED visit:

CY 2020 target is 43.52%.

MCO Aggregate: Q1 Total 60.03%; Q2 Total 61.09%; Q3 Total 59.80%: Decrease of 1.29 percentage points from Q2 to Q3

BCBS Q1 54.75%; Q2 56.04%; Q3 55.56%: Decrease of 0.48 percentage points from Q2 to Q3

Strategies and Interventions- This PM saw a decrease likely due to barriers associated with social distancing guidelines. Telehealth initiatives and training for RSA staff increased engagement in follow-up appointments post discharge. As a result of telehealth options Member outreach is done telephonically instead of in-person, which has allowed for continued interaction between members and their care coordinators and should increase the number of follow up visits.

PHP Q1 68.86%; Q2 67.93%; Q3 65.86%: Decrease of 2.07 percentage points from Q2 to Q3

Strategies and Interventions- Specific FUM cohort with the PHP Pre-Manage system was used to conduct outreach with members recently seen in the ED for mental illness. The Presbyterian Healthcare Services Consult Liaison Services program was expanded into 7 hospitals within the PHS delivery system. Members are provided telepsychiatry appointments while in the ED.

WSCC Q1 38.98%; Q2 40.28%; Q3 40.70%: Increase of 0.42 percentage points from Q2 to Q3

Strategies and Interventions- A query targeting members falling into and around FUM was developed in late August of Q3. Evaluation to identify the impact of the intervention on FUM HEDIS outcomes will start late October will commence in the subsequent quarter.

PM #10 (1 point) – Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The percentage of Members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year:

CY 2020 target is 80.63%.

MCO Aggregate: Q1 Total 46.02%; Q2 Total 57.57%; Q3 Total 67.21%: Increase of 9.64 percentage points from Q2 to Q3

BCBS Q1 45.12%; Q2 57.42%; Q3 66.71%: Increase of 9.29 percentage points from Q2 to Q3

Strategies and Interventions- Outreach efforts by Care Coordination and Pharmacy continued in Q3 and are attributed to the almost 10.00% improvement of this measure. Additional interventions such as provider targeting of members who have yet to be screened; and in-home test kits sent to members are expected to further improve the cumulative results for this PM.

PHP Q1 47.12%; Q2 57.78%; Q3 68.06%: Increase of 10.28 percentage points from Q2 to Q3

Strategies and Interventions- The Value Based Purchasing (VBP) Provider Quality Incentive Program (PQIP) continued in Q3 2020. The SSD metric was added to the program in early 2020; participating providers are offered a financial incentive to ensure members receive needed services. PHP finalized SSD gap in care lists in Q3 2020; provider educational outreach letters were mailed early in Q4 2020.

WSCC Q1 42.15%; Q2 56.89%; Q3 64.08%: Increase of 7.19 percentage points from Q2 to Q3

Strategies and Interventions- Providers of members who are listed on monthly-flagged PMUR reports are sent letters, which contain information regarding importance of ordering appropriate lab work and utilizing lab work to inform further prescribing practices, as this population is at increased risk of developing Metabolic Syndrome. Providers can access care gap list for members in this measure via the provider portal. WSCC is starting development of an additional intervention where local partners help administer member lab tests at their home and assist with transportation of the results.

Tracking Measures (TMs)

HSD requires the MCOs to submit quarterly reports for the TMs listed in the MCO contract effective January 1, 2020. HSD reviews and analyzes the reports for completeness and accuracy and to gauge positive or negative outcome trends. The MCOs report on interventions, strategies, and barriers that impact performance outcomes. HSD's review of findings are communicated to the MCOs through scheduled MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meetings. The following TM results compare DY7 Q2 to Q3 reporting:

TM #1-Fall Risk Management: The percentage of Medicaid Members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

MCO Aggregate: Q1 Total 25.69%; Q2 Total 25.15%; Q3 Total 23.89%: Decrease of 1.26 percentage points from Q2 to Q3

BCBS Q1 29.29%; Q2 28.05%; Q3 25.89%: Decrease of 2.16 percentage points from Q2 to Q3

Strategies and Interventions- Care Coordinators and transition coaches assess mobility and identify Members who need help with activities of daily living.

PHP Q1 24.64%; Q2 24.50%; Q3 23.80%: Decrease of 0.7 percentage points from Q2 to Q3

Strategies and Interventions- Care Coordinators conduct telephonic assessments of fall risk due to the impact of COVID-19 on in-home assessments.

WSCC Q1 19.44%; Q2 18.34%; Q3 16.51%: Decrease of -1.83 percentage points from Q2 to Q3

Strategies and Interventions- Partner with Critical Signal Technologies to provide a personal alert sensor pendant to Members for emergency assistance.

TM #2-Diabetes, Short-Term Complications Admissions Rate:

The number of hospital admissions with ICD-10-CM principal diagnosis codes for diabetes short-term complications for Medicaid enrollees age 18 and older. Reported as a rate per 100,000 Member months. (Lower is better)

MCO Aggregate: Q1 Total 20.02; Q2 Total 20.11; Q3 Total 17.55: An improvement of 2.56 percentage points from Q2 to Q3

BCBS Q1 27.40; Q2 26.75; Q3 22.65: An improvement of 4.10 percentage points from Q2 to Q3

Strategies and Interventions- Diabetes specific program information such as care coordination and disease management were mailed to providers to share with the Member for further assistance regarding their diabetes wellness.

PHP Q1 16.02; Q2 16.35; Q3 14.37: An improvement of 1.98 percentage points from Q2 to Q3

Strategies and Interventions- The provider incentive program sends providers gap lists of their Members who need diabetes management services and assists in scheduling appointments as well.

WSCC Q1 14.77; Q2 16.07; Q3 15.93: An improvement of 0.14 percentage points from Q2 to Q3

Strategies and Interventions- Monitor population for non-compliance with diabetes testing and HbA1c control and initiate nurse follow-up and documented transitions of care plans with Members who have experienced admission for diabetic complications.

TM #3-Screening for Clinical Depression and Follow-Up Plan:

The percentage of Medicaid Members age 18 and older screened for clinical depression using a standardized depression screening tool, and if positive a follow-up plan is documented on the date of the positive screen.

MCO Aggregate: Q1 Total 0.60%; Q2 Total 0.70%; Q3 Total 0.71%: Increase of 0.01 percentage points from Q2 to Q3

BCBS Q1 0.70%; Q2 0.71%; Q3 0.49%: Decrease of 0.22 percentage points from Q2 to Q3

Strategies and Interventions- Care coordination continues outreach to Members who screened positive to ensure they have appropriate follow-up.

PHP Q1 0.60%; Q2 0.72%; Q3 0.84%: Increase of 0.12 percentage points from Q2 to Q3

Strategies and Interventions- The Provider Quality Incentive Program offers participating outpatient physical health providers incentives for including depression screening codes on submitted claims.

WSSC Q1 0.48%; Q2 0.54%; Q3 0.64%: Increase of 0.10 percentage points from Q2 to Q3

Strategies and Interventions- Continue to implement provider education regarding documenting and coding of depression screening in order to better collect the data.

TM #4-Follow-up after Hospitalization for Mental Illness (FUH):

The percent of seven-day follow-up visits into community-based Behavioral Health care for child and for adult Members released from inpatient psychiatric hospitalizations stays of four or more days.

MCO Aggregate: Q1 Total 65.71%; Q2 Total 65.48%; Q3 Total 64.04%: Decrease of 1.44 percentage points from Q2 to Q3

BCBS Q1 47.35%; Q2 48.64%; Q3 48.23%: Decrease of 0.41 percentage points from Q2 to Q3

Strategies and Interventions- The Outpatient Incentive Program rewards providers having appointments with Members within 7 days of the hospital discharge.

PHP Q1 84.05%; Q2 84.94%; Q3 82.97%: Decrease of 1.97 percentage points from Q2 to Q3

Strategies and Interventions- The Model Facility Incentive Program (MFIP) offers participating providers incentives based on performance in key quality metrics, including facility costs, readmission rates, electronic claims submission, as well as HEDIS and HEDIS-like 7-day and 30-day follow-up for inpatient acute BH facilities.

WSSC Q1 36.89%; Q2 36.23%; Q3 36.68%: Increase of 0.45 percentage points from Q2 to Q3

Strategies and Interventions- Assess Member-level data to identify barriers to attending scheduled appointments with a focus on investigating whether comorbid substance abuse issues are impacting completion.

TM #5-Immunizations for Adolescents: The percentage of adolescents thirteen years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids

vaccine (Td) by their 13th birthday. Report rates for each vaccine and one combination rate.

MCO Aggregate: Q1 Total 63.80%; Q2 Total 67.80%; Q3 Total 71.05%; Increase of 3.25 percentage points from Q2 to Q3

BCBS Q1 53.96%; Q2 54.72%; Q3 57.34%; Increase of 2.62 percentage points from Q2 to Q3

Strategies and Interventions- Member outreach calls will continue in order to encourage immunizations and assist in scheduling appointments if needed.

PHP Q1 80.79%; Q2 80.92%; Q3 79.78%; Decrease of 1.14 percentage points from Q2 to Q3

Strategies and Interventions- Current efforts include statewide shot clinics, increased advertisement, increased social media outreach and inter-agency partnerships for statewide drive-thru shot clinics.

WSCC Q1 69.94%; Q2 70.50%; Q3 73.85%; Increase of 3.35 percentage points from Q2 to Q3

Strategies and Interventions- The Pharmacy Team worked with Walmart Pharmacy to provide immunizations to all age Members instead of only providing immunization services to Members over 18.

TM #6-Long Acting Reversible Contraceptive (LARC): The contractor shall measure the use of LARCs among Members age 15-19. The contractor shall report LARC insertion/utilization data for this measure. Numbers reported are cumulative from quarter to quarter.

MCO Aggregate: Q1 Total 800; Q2 Total 1,308; Q3 Total 1,878

BCBS Q1 271; Q2 454; Q3 657

PHP Q1 463; Q2 747; Q3 1,070

WSCC Q1 66; Q2 107; Q3 151

TM #7-Smoking Cessation: The Contactor shall monitor the use of smoking cessation products and counseling utilization. Total number of unduplicated Members receiving smoking and tobacco cessation products/services. Numbers reported are cumulative from quarter to

quarter.

MCO Aggregate: Q1 Total 3,823; Q2 Total 5,842; Q3 Total 7,938

BCBS Q1 1,335; Q2 2,114; Q3 2,800

Strategies and Interventions- Eliminated barriers to treatment by providing tobacco cessation products without a prior authorization and by removing the limit on the number of days Members can access medications.

PHP Q1 2,199; Q2 3,272; Q3 4,467

Strategies and Interventions- Member outreach to encourage telehealth and video visits for Members seeking assistance with quitting smoking.

WSCC Q1 289; Q2 456; Q3 671

Strategies and Interventions- Working closely with the New Mexico School-Based Health Alliance to ensure the tobacco cessation program meets the needs of school-aged Members.

TM #8-Ambulatory Care: Utilization of outpatient visits and emergency department visits reported by all Member months for the measurement year. Reported as a rate per 1,000 Member months.

Outpatient Visits – MCO aggregate rates pending PHP's resubmission after TA call providing clarification

BCBS Q1 86.41; Q2 146.72; Q3 223.92: Increase of 77.20 from Q2 to Q3

Strategies and Interventions- The Transition of Care team provides education about the importance of primary care, assists with appointment scheduling and following up with patients to monitor and address additional barriers to primary care.

PHP Q1, Q2 and Q3 unavailable pending resubmission after TA call providing clarification

Strategies and Interventions- Continue to work with providers to ensure that Members obtain needed care at appropriate level and method of service provision.

	<p>WSSC Q1 80.55; Q2 125.26; Q3 167.46: Increase of 42.20 from Q2 to Q3</p> <p>Strategies and Interventions- Initiated a Proactive Outreach Management campaign, which is telephonic outreach geared toward HEDIS care gap closure.</p> <p><i>ED Visits</i> – MCO aggregate rates pending PHP’s resubmission after TA call providing clarification</p> <p>BCBS Q1 11.99; Q2 19.56; Q3 28.76: Increase of 9.20 from Q2 to Q3</p> <p>Strategies and Interventions- Emergency Department Information Exchange (EDIE) allows community health workers to monitor Members utilizing the emergency room by generating an EDIE report and an alert if a Member is hospitalized, which allows care coordination to then assess potential gaps in a Member’s service.</p> <p>PHP Q1, Q2 and Q3 unavailable pending resubmission after TA call providing clarification</p> <p>Strategies and Interventions- Continued focus on risks of COVID-19 exposure and how this is affecting individuals seeking emergency services within the community.</p> <p>WSSC Q1 13.91; Q2 20.68; Q3 27.48: Increase of 6.80 from Q2 to Q3</p> <p>Strategies and Interventions- Members in care coordination receive routine monthly or quarterly follow-up, and extra touchpoints if a Member uses the emergency department.</p> <p>TM #9-Annual Dental Visits: The percentage of enrolled Members ages two (2) to twenty (20) years how had at least one (1) dental visit during the measurement year.</p> <p>MCO Aggregate: Q1 Total 21.49%; Q2 Total 33.55%; Q3 Total 43.92%: Increase of 10.37 percentage points from Q2 to Q3</p> <p>BCBS Q1 15.56%; Q2 33.35%; Q3 45.10%: Increase of 11.75 percentage points from Q2 to Q3</p> <p>Strategies and Interventions- Member Services provides Member</p>
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education via Member Handbook, new Member packets, Member website, and Member newsletter.

PHP Q1 24.47%; Q2 33.85%; Q3 43.90%: Increase of 10.05 percentage points from Q2 to Q3

Strategies and Interventions- Pediatric outreach reminders via mail and telephone regarding the importance of dental care and well-child visits and immunizations.

WSCC Q1 24.07%; Q2 32.48%; Q3 39.90%: Increase of 7.42 percentage points from Q2 to Q3

Strategies and Interventions- The Proactive Outreach Management tool and a multi-departmental process was approved that allows Quality, Member Services, and Provider-facing teams to work together to ensure they have the capacity to run larger campaigns and maintain quality assurance.

TM #10-Controlling High Blood Pressure: The percentage of Members ages eighteen (18) to eighty-five (85) who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.

Since TM #10 is a hybrid measure, which requires a medical record review, the MCOs will report 2020 HEDIS rates on the July 25, 2021 Q3 Report submission.

External Quality Review:

HSD continues to have weekly meetings with the EQRO to review monthly projects and provide consistent feedback and communication; and to evaluate issues and provide guidance and support as needed. EQRO reviews and validations in Q4 consisted of the following:

CY20 reviews and validations:

2018 PM validation- Draft report was received by HSD for review, finalization and posted to the HSD website

2018 Network Adequacy- Draft report was received by HSD for review, finalization and posted to the HSD website

2018 PIPs review- Draft report is with HSD leadership for finalization

2018 Compliance review- Draft report is under review by HSD

2019 EQRO Virtual Onsite Visits- Held the week of November 9th through the 13th

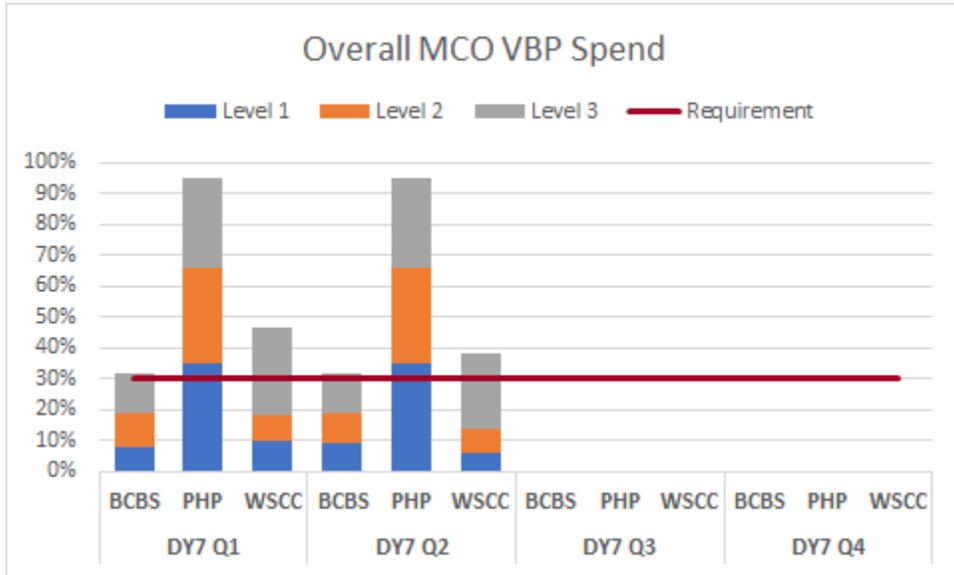
	<p>2019 Information Systems Capability Assessment (ISCA)- Draft tool, timeline and working document were created and submitted to MCOs in December of CY 2020</p> <p>2019 PM validation- Initial 2019 PMs validation report draft was submitted to HSD in December of CY 2020 for review.</p>
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Utilization

Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for October 2018 through September 2020. Please see Attachment C :Key Utilization/Cost per Unit Statistics by Major Population Group.

Value Based Purchasing

VBP Level	Level 1	Level 2	Level 3
Required Spend	10%	13%	7%
Required Provider Types	<ul style="list-style-type: none"> Traditional PH Providers with at least 2 Small Providers BH Providers Long-Term Care Providers including Nursing Facilities 	<ul style="list-style-type: none"> Traditional PH Providers with at least 2 Small Providers BH Providers Actively build readiness for Long-Term Care Providers Actively build readiness for Nursing Facilities 	<ul style="list-style-type: none"> Traditional PH Providers Develop BH full-risk contracting model Implement a CONTRACTOR led LTC and/or Nursing Facility provider level workgroup to design full-risk



LOW ACUITY NON-EMERGENT CARE (LANE)

As part of HSD's strategic goal to improve the value and range of services to members, HSD collaborates with the MCOs to reduce avoidable ER visits. HSD implemented rule changes in 2020 resulting in a provider rate increase for outpatient settings, including Evaluation & Management codes, dispensing fees to community-based pharmacies, Long-Term Services and Supports providers, and supportive housing benefits for people with Serious Mental Illness. There also were increases in payment rates to governmental and investor-owned hospitals, as well as hospitals serving a high share of Members who identify as Native American.

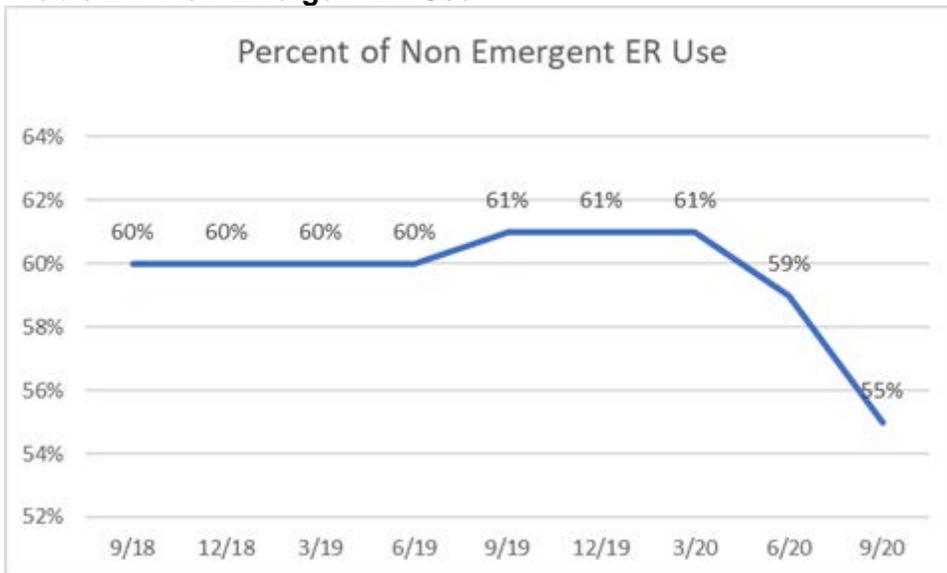
HSD includes requirements in its Centennial Care 2.0 Managed Care Organization Contract that MCOs monitor usage of emergency rooms by their members and evaluate whether lesser acute care treatment options were available at the time services were provided. This results in the MCOs identifying high ED-utilizer members by monitoring data such as diagnosis codes and ER visit encounters and taking proactive steps to refer them to providers. The MCOs implement member engagement initiatives to assist in identifying member challenges through systemwide activities, including outreach by care coordinators, peer-support specialists (PSS), community health workers (CHWs), and community health representatives (CHRs) to decrease inappropriate ER utilization.

The Community Paramedicine Program is an additional outreach project supporting this effort. Because access to primary care is a key factor in reducing nonemergent Emergency Department visits, HSD is also working with graduate medical education (GME) programs to establish and/or expand existing programming, specifically in the primary care specialties of Family Medicine, General Internal Medicine, General Psychiatry, and General Pediatrics. A GME expansion 5-year strategic plan HSD released in January 2020 estimates that 46 new primary care residents will graduate in New Mexico each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60% within the next five years. HSD is also supporting primary care GME program development and expansion by awarding up to \$1.535 million in funds to programs during FY 20.

As a result of the MCO strategies and interventions implemented in 2020, which focused on reducing ED visits for non-emergent care, the percentage of emergency visits that are considered low acuity significantly improved from DY7 Q2 to DY7 Q3. In comparing utilization from September of 2019 with 61% visits to September of 2020 with 55% of emergency visits being low acuity, the percentage of visits to the emergency department for non-emergent care decreased by six percentage points. The trend for this measure improved in DY7 Q3.

The table below reflects the percentage of members using the emergency room (ER) for non-emergent care between September of 2018 and September of 2020. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership.

Table 24: Non-Emergent ER Use



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MANAGED CARE REPORTING REQUIREMENTS

GEOGRAPHIC ACCESS

Geographic access performance standards remain the same in DY7 with the requirement that at least 90% of members having access to certain provider types in urban, rural, and frontier geographic areas within a defined distance. Geographical Access is collected and validated on a quarterly basis therefore this section is reflective of January 1, 2020 to September 30, 2020.

Physical Health and Hospitals

All three MCOs demonstrated steady access with slight fluctuations.

- MCOs performance in access to general hospitals, PCPs, pharmacies, and most specialties in urban, rural and frontier areas were met.
- Geographic access for dermatology, endocrinology, neurology, rheumatology, and urology services as well as access to neurosurgeons were and are anticipated to be limited due to provider shortages in rural and frontier areas.

See Table 25: Physical Health Geographical Access listed below.

Table 25: Physical Health Geographical Access

GeoAccess PH Calendar Year 2020 (July 1st- September 30th, 2020)

	Meets Standard						Does Not Meet		
	Urban			Rural			Frontier		
	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
PH - Standard 1									
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	99.6%	100.0%	99.9%	100.0%	100.0%	100.0%
Pharmacies	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%
FQHC - PCP Only	100.0%	100.0%	100.0%	90.8%	90.2%	99.5%	99.8%	92.4%	98.8%
PH - Standard 2									
Cardiology	99.2%	99.1%	98.9%	99.7%	100.0%	99.9%	99.9%	99.8%	99.1%
Certified Nurse Practitioner	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Certified Midwives	99.1%	98.9%	94.2%	100.0%	94.0%	93.7%	99.8%	98.5%	98.1%
Dermatology	99.1%	98.8%	98.8%	66.5%	72.8%	87.3%	81.3%	89.2%	99.3%
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinology	99.1%	98.8%	98.8%	61.6%	72.6%	75.4%	84.0%	94.1%	83.1%
ENT	99.1%	98.8%	98.8%	91.7%	92.8%	100.0%	92.3%	86.9%	95.7%
FQHC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/Oncology	99.1%	98.9%	98.9%	99.5%	97.5%	98.4%	99.4%	97.9%	89.0%
Neurology	99.1%	98.8%	98.8%	99.2%	92.3%	82.7%	95.5%	90.7%	93.6%
Neurosurgeons	99.1%	98.8%	98.8%	36.5%	69.5%	40.0%	67.6%	87.0%	81.6%
OB/Gyn	99.2%	98.9%	98.9%	99.6%	99.7%	99.9%	99.8%	99.8%	99.7%
Orthopedics	99.1%	98.9%	98.8%	99.6%	100.0%	100.0%	96.4%	98.5%	99.4%
Pediatrics	100.0%	98.9%	98.9%	99.7%	100.0%	99.9%	99.8%	99.9%	100.0%
Physician Assistant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%
Podiatry	99.1%	98.9%	98.9%	99.9%	99.8%	94.3%	99.9%	99.9%	99.7%
Rheumatology	88.2%	98.8%	83.9%	88.8%	83.3%	71.2%	88.4%	85.1%	73.8%
Surgeons	99.2%	98.9%	98.9%	99.9%	100.0%	100.0%	99.9%	99.9%	99.7%
Urology	80.6%	98.7%	98.8%	85.9%	92.4%	74.9%	94.6%	96.0%	88.6%
LTC/OTHER - Standard 2									
Personal Care Service Agencies (PCS)	100.0%	100.0%	100.0%	100.0%	99.7%	99.9%	100.0%	100.0%	100.0%
Nursing Facilities	94.8%	92.7%	99.3%	99.7%	99.2%	99.8%	99.9%	100.0%	99.7%
General Hospitals	99.1%	98.9%	98.9%	99.6%	99.3%	99.9%	99.9%	99.9%	99.7%
Transportation	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: MCO Report #55 GeoAccess for Q3CY20

TRANSPORTATION

Non-emergency medical transportation is a means for MCO to ensure members have timely access to needed services particularly for specialty services and provider shortage areas. All 3 MCOs identify transportation coverage in all counties across New Mexico.

- Grievances: Consistent with previous reporting Non-Emergency Medical Transportation (NEMT) grievances is the leading category of grievances in the reporting period. Please see Complaints and Grievances for additional information and monitoring. PHP identified a lack of wheelchair accessible transportation options as a barrier to member access and reported an increase in transportation provider no shows. See section 9 of this report for improvement plans regarding these barriers and provider issues.

CUSTOMER SERVICE REPORTING

Presbyterian Health Plan (PHP) met all Call Center Metrics during 2020 with the exception of the Nurse Advice Line (NAL) during the month of March (see Attachment D – 2020 Call Center Metrics).

On March 10, 2020, PHP was contacted by New Mexico HSD Secretary, who requested support for the Department of Health's (DOH) Nurse Advice Line (NAL) function, which would be routed from the DOH hotline that was about to be launched to the PHP Customer Service Call Center. This functionality was operational in less than 24 hours and was announced at the Governor's press conference the next day. This was only possible because part of the skilled and trained nurse-workforce that supported PHP's NAL (all lines of business) were requested to support the DOH NAL. Once the DOH hotline was announced at the Governor's press conference, coupled by the first COVID-19 positive cases, call volume spiked significantly for the DOH NAL. This required continual rebalancing of resources to manage performance for both the DOH and PHP NAL lines. This had an adverse impact on PHP's NAL performance for a two week period until additional nurses could be redeployed from across the Presbyterian system and trained to take DOH NAL calls. At this point, the nurses that were originally part of the PHP NAL team were reallocated to PHP (all lines of business) and call performance returned to the normal high levels of performance. Unfortunately, the 2 week disruption to support the DOH NAL on an emergency basis, from 3/11/2020 through 3/23/2020, was enough to cause PHP to miss two of the three performance targets related to the service level and abandonment rate. PHP has met, or exceeded, all call performance standards since that time.

Blue Cross and Blue Shield (BCBS) met all Call Center Metrics during 2020 with the exception of the Member Services in April, Nurse Advise Line in March, and the Provider Services in April. (see Attachment D – 2020 Call Center Metrics).

In March 2020, BCBS did not meet the Nurse Advise Line Abandonment metric due to the volume of calls being higher than forecasted. The BCBS staffing efforts have increased, and new hires completed training by mid-April, for their preparation of the higher than forecasted volume in the months to come due to the COVID-19 Pandemic. In April 2020, BCBS did not meet the Member Services and the Provider Services Percent of Voicemails Returned by Next Business Day metric. Majority of the voicemails were returned next business day, however less than ten percent of the calls were not. There was a break down in the scheduling on 2 separate days in April and all voicemails were not returned next business day. The remaining ten percent of the voicemails were returned the following business day. The scheduling process has been revised to ensure 100% compliance. BCBS has met all call metrics since April 2020.

During CY20, Western Sky Community Care (WSCC) met the Contract Standards for all Call Center metrics, with the exception of the Nurse Advice Line standard for Calls Answered Within 30 Seconds in March, and the Call Abandonment Standard for the Member Services, Provider Services, and Nurse Advice lines in August (see Attachment D – 2020 Call Center Metrics).

In March, 79.2% (standard 85%) of the calls to the Nurse Advice Line (NAL) were answered within 30 seconds. WSCC attributed the performance deficit to higher than anticipated call volume as a result of the COVID-19 pandemic and took actions to adjust to the increased call volume. In each of the following months of CY20, the percent of NAL calls answered within 30 seconds met the contract standard.

In August, WSCC did not meet the contract standard for call abandonment (less than 5%) for Member Services (6.3%), Provider Services (6.1%) and the Nurse Advise Line (7.4%). On August 3rd, Centene, the parent company of WSCC, experienced two company-wide system disruptions that affected its call queues, which resulted in mass call abandonments. The total outage period was approximately three hours. During the outage, WSCC took action to mitigate the impact, including a recorded message requesting the caller to leave a message or call again later, and a message on its website reminding members and providers of the available portals. In each of the following months of CY20, WSCC met the call abandonment contract standard.

TELEMEDICINE DELIVERY SYSTEM IMPROVEMENT PERFORMANCE TARGET (DSIPT)

Many reporting requirements, including the quarterly Telemedicine Delivery System Improvement Performance Target (DSIPT) reports, were delayed/suspended during the onset of the public health emergency. Telehealth operations and monitoring continued during delayed/suspended reporting requirement period but MCOs resumed as of July 23rd, 2020 reporting all data not reported during the suspended reporting period.

During the PHE, telemedicine utilization has increased in all areas from January to September 2020 and is playing a vital role in providing health care services statewide. See Table 26: Unduplicated Members Served with Telemedicine; for members served year to date.

Table 26: Unduplicated Members Served with Telemedicine

Total Unduplicated Members Served with Telemedicine (July- September 2020)				
MCO	Q3CY20 New Behavioral Health Members	Q3CY20 New Physical Health Members	Q3CY20 Total New Unduplicated Members	CY20 YTD* Unduplicated Members
BCBS	3,887	11,885	12,891	68,131
PHP	4,838	2,187	6,182	35,695
WSCC	1,343	2,092	2,889	12,179
	Total:	Total:	Total:	Total:
	10,068	16,164	21,962	116,005

Source: Q3CY20 Telemedicine Delivery System Improvement Performance Target (DSIPT)

* January – September 2020

TELEHEALTH UTILIZATION DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Telemedicine utilization reported by the MCOs for the DS IPT is limited to counts for unduplicated members served from July to September, therefore a member with multiple visits would only be counted one time. The numbers shown below are based on paid claims, therefore captures multiple visits per member served in the same DS IPT reporting period.

For alignment purposes, refreshed data from July to September is presented to account for claims reporting lag and reported. This allows for review of DSIPT and claims data in the same period.

Table 27: TELEHEALTH UTILIZATION DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Paid Non-Crossover Claims*							
Fee-for-Service				Managed Care			
Month	Jul-20	Aug-20	Sep-20	Jul-20	Aug-20	Sep-20	Combined Totals
Utilization Counts	821	646	545	19,638	17,565	16,550	55,765
Total Paid Amount	\$8,8541.76	\$73,053.15	\$61,340.52	\$1,799,962.73	\$1,617,090.77	\$1,456,085.76	\$5,096,074.69

*Notes:

1. Data is based on paid non-crossover fee-for-service and managed care encounter claims as of 01.25.21.
2. Data reflects telehealth utilization during the ongoing public health emergency.
3. Both fee-for-service and managed care encounter claims are subject to a 90-day reporting lag since providers are required to submit claims to Medicaid within a 90-day span from the date-of service. Therefore, the data may not reflect complete sets of claims for each month.

Source: New Mexico Medicaid claims data

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DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
DY7 Activities	<p>Procurement of an Independent Evaluator for the 1115 Demonstration Waiver</p> <p>Procurement of an Independent Evaluator for the 1115 Demonstration Waiver HSD finalized the draft RFP and submitted to HSD leadership for review and approval on May 7, 2020. Following approval from HSD leadership on June 17, 2020, the RFP was published on June 30th and a notification to all interested parties was sent June 30, 2020 to begin the procurement process. The final and published RFP can be found at the following website: https://www.hsd.state.nm.us/LookingForInformation/openrfps.aspx.</p> <p>The last day interested parties may submit their proposals was August 4, 2020. HSD received proposals from interested parties August 4, 2020. The Evaluation Committee met August 25th to discuss their reviews of all proposals and collectively agreed on an Evaluator to recommend to leadership through the Evaluation Committee Report. The Evaluation Committee Report was completed by the procurement manager and submitted to leadership for review on September 1, 2020. Leadership approved the Evaluation Committee Report on October 23, 2020 and the tentative award letters were mailed to the offerors on November 23, 2020. HSD mailed the proposed contract for The External Independent Evaluation of Centennial Care 2.0 1115 Demonstration Waiver to Health Services Advisory Group, the selected contractor, on December 29, 2020. The contract is currently pending review and signature from the Contractor.</p>

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ENCLOSURES/ATTACHMENTS

Attachment A: October 2018 – September 2020 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet

Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group

Attachment D: Customer Service

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ADDITIONAL COMMENTS

MCO INITIATIVES

BCBS: Target of ER usage for those members diagnosed with Substance Abuse, while utilizing the work of Recovery Support Assistants (RSA) (Certified Peers)

BCBS dedicated three members of the Recovery Support Team to work exclusively on the Edie (Early Notification of Emergency Room use) platform to identify and target outreach to member identified with a substance use disorder. BCBS chose their top three peers who had the best engagement skills and developed a cohort in the Edie system so those members meeting criteria for substance use/abuse were identified. The BCBS RSA supervisor monitored that platform daily and assigned the members who met the criteria to one of the RSA's. The RSA's then traveled to the ED and met these identified members to start the engagement piece and work on getting them connected with a follow up provider visit. They stay engaged with the members through the whole process, encouraging them to go to their appointments and helping them set up appointments and transportation services. Additionally, each RSA were assigned an iPad to take with them to the ED so that if the member wanted an immediate telehealth follow up visit, then that could be arranged.

BCBS: Encounter Optimization

Encounters created new reporting for inbound claims entering EQS and enhanced existing reporting for the outbound encounter process, to better identify rejection trends for inbound and outbound encounter data. This has led to further optimization of claims and encounter editing. Encounters and IT completed 2 significant encounter editing projects for enhancements to Dental and Professional taxonomy editing. The results have increased the quantity of timeliness and accuracy of encounters.

PHP: The Health & Wellness Information Update

The Health & Wellness Information webpage on PHS.org was updated during the first quarter of 2020 to include tools and resources for Members focused on the three themes: Empower Me, Partner with Me, and Support Me. In the fourth quarter of 2020 the webpage's existing content was refreshed, and new content was added. The new content included information on Mental Health First Aid Courses and Question-Persuade-Refer Classes that are available at no additional cost to Members.

PHP: Diabetes Prevention Program

Enhancements were also made to the existing Diabetes Prevention Program (DPP) eligibility file used to identify Members for program outreach and referrals. The initial file accounted for three of the five eligibility criteria. Ongoing partnership and support from PHP Internal Automation and PHS Enterprise Data Warehouse enabled the development of a refined list to include all five eligibility criteria, as well as enhancements using pre-diabetes lab data values, and occurrence limitations for Members who are currently pregnant or history of a confirmed diabetes diagnosis. This refined program eligibility list was finalized and utilized in the fourth quarter and has led to increased Member direct enrollment.

WSCC: HEDIS Gap Closure Reminders:

As mentioned in previous DY7 reports, the POM (Proactive Outreach Manager) tool was implemented in 2020. Provider input was obtained prior to roll out. Campaigns were organized around contacting members not receiving Care Coordination to encourage pediatric and adult 'well-visits', and annual dental visits. Members were chosen for each campaign based on criteria that included the date of the most recent visit. The campaigns resulted in 29,117 outreach attempts, of which 21,282 reached the member directly or through a voicemail message. The POM team collaborated with WSCC's Member Services (call center), Quality Improvement/Assurance, and the Chief Medical Director. The campaigns were compliant with the State of New Mexico Public Health Order. The team will begin its assessment of visit outcomes in 2021.

MEMBER SUCCESS STORIES

A BCBS member came to the US as a refugee from the Congo in Africa. The Member struggles with the basic American cultural skills, along with both physical and mental health conditions. During the Member's time in Africa, her home village was raided by a militia group. During the raid, the member was sprayed with an unknown substance in her eyes. Since this attack, the member has struggled with vision difficulties. The member reported intense eye pain, inability to see objects that are close, and daily headaches. The member's Care Coordinator (CC) and Community Health Worker (CHW) began working with a provider and the member regarding her vision concerns. Recently she began working with the ophthalmologist and is receiving treatment. The pain in the Member's eyes has decreased, her headaches are gone, and she is now able to see objects that are close with her new glasses! The Member knows that she still has a long road ahead to heal her vision, however she told the Care Coordinator, "I have hope for the first time since the attack!"

A PHP Member began care BH coordination services in April 2020. With the information she provided to the Care Coordinator, she qualified for level 3 care coordination services. Member is a guarded person and does not like to share her story with others. Member reported that she did not know what to expect participating in care coordination services but wanted help maintaining her sobriety and to manage her mental health. Member and Care Coordinator completed her semi-annual assessment in September 2020. Member acknowledged that she was not in a good place in April and recognized how she progressed in the last 6 months. Member was excited to share her 2-year mark of sobriety and that she has gained tools to manage her mental health. Member has made the decision to go back to school to get her GED, so she can take college courses in the future. She has also started making healthy connections with others in the community. She reported that care coordination services have motivated her to do better.

A 50-year-old, female, PHP Member from Luna county was referred to the PHP CHW program for housing assistance. When the CHW received the referral, the member was already significantly behind on her rent. In addition to financial concerns and housing instability, she also had a significant injury due to an animal attack which required hospitalizations and surgery rehabilitation. Due to her injury, medical condition and hospitalizations the member continued to fall further behind on her rent payments since she was unable to work. The situation escalated to the point in which the member was threatened with eviction. The CHW investigated the status of the member's SSDI application and was able to determine that it was pending. The CHW was also able to determine that the members application for General Assistance was also pending. Due to lengthy medical issues and mobility issues post-surgery, the member was left without the ability to earn income.

The CHW intervened with the landlord and worked out an arrangement that the member could move out instead of being evicted and that he would write off the significant rent balance. The CHW was able to help identify a support person for the member who was willing to pack up the members belongings and place them in storage. Member still needed housing. The CHW was able to secure supportive housing in a nearby city that would not only accept the member with no income but was willing to house her and continue to work with her to get her into housing in the actual city that the member requested to live in. The CHW helped establish a plan that the member would initially move into a new apartment in a nearby city and would later move into an apartment when one of the apartments in the desired area opened up. The CHW assisted the member with the appropriate paperwork, arranged for the member to transfer from a skilled nursing facility into an apartment and helped ensure that the member would also receive additional monies for utilities. This successful housing placement was accomplished

through the CHWs persistence, she called every Low-Income Tax Credit apartment in the members city, found that waiting lists were all very long and most required that a member has some income to pay utilities.

A WSCC member with a history of Behavioral Health difficulties, was enrolled in the Start Smart for your Baby (SSFB) program. She did not have a provider or stable housing. The Care Coordinator assisted her with obtaining an OB-GYN provider, transportation services to get to her appointments, and housing. The member delivered a healthy baby and is now engaged in care coordination.

A WSCC Care Coordinator (CC) contacted a new Member to complete a Health Risk Assessment (HRA). During the call, the Member stated he was having excruciating pain in his mouth, and would need to go to the ED. The CC was able to get the Member an appointment with a dentist the following morning. The Member was able to get x-rays, an oral exam and prescribed medication. In addition, the Member received a referral to an oral surgeon and has an upcoming appointment. The member's condition has improved, and an ED visit was avoided.