



CENTENNIAL CARE 2.0 DEMONSTRATION

Section 1115 Demonstration Quarterly Report
Demonstration Year: 8 (1/ 1/ 2021 – 12/ 31/ 2021)
Quarter 1/2021

June 4, 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.

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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, 2020
1115 Demonstration Amendment #2	Submitted on March 1, 2021	Completeness Letter Received on March 25, 2021

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ENROLLMENT AND BENEFITS INFORMATION

Table 1: QUARTER 2 MCO MONTHLY ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION	12/31/2020 ENROLLMENT	3/31/2021 ENROLLMENT	PERCENT INCREASE/ DECREASE Q1
Blue Cross Blue Shield of New Mexico (BCBS)	268,223	274,470	2.3%+
Presbyterian Health Plan (PHP)	400,787	407,695	1.7%+
Western Sky Community Care (WSCC)	79,373	80,549	1.5%+

Source: Medicaid Eligibility Reports, December 2020 & March 2021

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

MCO Enrollment

- In aggregate, MCO enrollment increased by 6% from the previous to current period. This increase is comprised of the following:
 - 6% increase in physical health enrollment.
 - 2% increase in aggregate Long term services and supports enrollment.
 - 7% increase in other adult group enrollment.
- Similar to the previous dashboard exhibits, the enrollment graph shows a dip for the most recent month which is likely due to retroactivity not yet accounted for at the cutoff date of the enrollment data (i.e., December 30, 2020 for the attached dashboard). The dip in enrollment for September 2020 that was present in the prior quarters dashboard exhibits is now showing an increase for that month.

MCO Per Capita Medical Costs

- In aggregate, total MCO per capita medical costs increased by 7% from the previous to current period, this consists of a 6% increase to pharmacy services and 8% increase to non-pharmacy services.
- When reviewing the Per Capita Medical Costs by Program, Behavioral Health had the largest PMPM increase at 21% primarily driven by the BH Outpatient fee increase effective October 1, 2019. Additionally, Long Term Services and Supports had a 15% increase primarily driven by the PCO increase July 1, 2019 and January 1, 2020, with Other Adult Group Physical Health increasing by 9% and Physical Health decreasing by 1%.
 - Service categories most impacted by the program and fee changes are Acute Inpatient, Acute Outpatient/Physician, Community Benefit/PCO, and Behavioral Health Services. Details of the benefit and fee schedule changes are included in the cover page of the Statewide dashboards.

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. MHC submitted its final termination plan 3/31/21 and requested HSD's determination that it had fulfilled its obligations under the final contract with HSD. HSD is reviewing. A response to MHC's request will be provided in DY8 Q2.

CENTENNIAL REWARDS

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

- Adult PCP Checkup - Complete annual PCP wellness checkup
- Asthma Medication Management – Reward on 30-, 60-, or 90-day prescribed refills
- Bipolar Medication Management - Reward on 30-, 60-, or 90-day prescribed refills
- COVID Vaccine - Complete COVID vaccine
- Dental Checkup (Adult) - Complete annual dental checkup
- Dental Checkup (Child) - Complete annual dental checkup
- Diabetes HbA1C Test - Diagnosis of type 1 or type 2 diabetes
- Diabetes Retinal Eye Exam - Completion of diabetic retinal exam

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- Flu Shot - Receive flu vaccine
- 1st Prenatal Care Visit - Complete prenatal care visit in the first trimester or within 42 days of enrollment
- Postpartum Visit - Complete postpartum care visit between 7 and 84 days after delivery
- Well-Baby Checkups - Complete up to six well-child visits with a PCP during the first 15 months of life
- Well-Baby Checkups - Complete up to two well-child visits with a PCP between 16-30 months of life
- 3-week Step-Up Challenge - Successfully complete 3-week Step-Up Challenge
- 9-week Step-Up Challenge - Successfully complete 9-week Step-Up Challenge

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.

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

Table 2: Centennial Rewards

CENTENNIAL REWARDS		
	January – March 2021	
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	163,669	
Number of Members Registered in the Rewards Program this Quarter	4,927	
Number of Members Who Redeemed Rewards this Quarter**	16,721	

*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

In DY8 Q1 2021, Finity created the following multimedia campaigns to support members during the COVID-19 pandemic, support HSD priorities, and improve quality care gaps.

COVID-19 Vaccine Campaign: Designed to encourage Centennial Rewards members to register, make an appointment and get the COVID -19 vaccine. Text and email alerts will be sent to a prioritized population of High Risk and Elderly. The alerts will direct members to the New Mexico Department of Health website to register and include a hotline phone number for members unable to access the website. Members who complete the vaccine series, 2 if Pfizer/Moderna or 1 if Johnson & Johnson, may be eligible to earn rewards, which are administered via a self-attestation model. Upon complete vaccination members can claim 200 points (\$20 Value) by using the CR Member Portal, emailing, or calling Finity directly to redeem. This multimedia campaign was approved by HSD MAD management and commenced in April of 2021. Results will be provided in DY8 Q2 2021.

UPDATE TO DY7 2020 CAMPAIGNS

Childhood Immunization campaign: Designed in 2020 to encourage parents/guardians to take their babies ages 0-15 months to their well-baby visits. This campaign was prioritized by HSD during the pandemic due to the decline in well-baby visits and immunizations. Finity relaunched and expanded this campaign in Q1 2021 to babies ages 0-30 months to align with reward & HEDIS updates.

- **80K** texts sent in Q1 2021.
- **10K** emails sent in Q1 2021.

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, nursing supplies, toilet paper, and more.

- **252K** texts sent in Q1 2021.
- **166K** emails sent in Q1 2021.
- **33% increase in members redeeming** during Q1 2021 compared to Q1 2020.

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. This campaign was prioritized by HSD as flu shots are more important than ever during the pandemic and will run annually during flu season (Sept.-Mar.). Results for Q1 provided below:

- **365K** texts sent in Q1 2021.
- **187K** emails sent in Q1 2021.
- **8.6K** members self-attested to completing a flu shot in Q1 2021. 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.
- 2021-2022 campaign set to launch in Sept.

Finity plans to continue the COVID-19 Vaccine Campaign, Childhood Immunizations Campaign, and Redemption Alerts in Q2 2021 and is planning to launch a new multimedia campaign to promote adolescent immunizations.

Additional Key Stats through Q1 2021:

- Member participation in Q1 2021 reached an all-time high of over 73% and had the most members earning rewards in a single quarter since early 2019.
- Completed activities/rewards earned in Q1 2021 surpassed the same quarter last year by 26% with nearly all activities seeing higher completion rates than in Q4 2020.

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- Members redeemed over \$200K more in Q1 2021 than the same quarter last year.

CENTENNIAL REWARDS ENHANCEMENTS

COVID-19 Vaccine Video:

Finity created a multi-language educational video about the COVID-19 Vaccine and has posted it on the Centennial Rewards portal for members. At the request of HSD, Finity added information specific to registering for the COVID-19 Vaccine in New Mexico by customizing at no additional cost. Details below:

NM DOH COVID vaccine registration website <https://cvvaccine.nmhealth.org/> and hotline phone number 1-855-600-3453.

Enhanced Customer Satisfaction Survey:

Finity enhanced the Centennial Rewards member satisfaction survey in 2021 by adding new questions that were approved by HSD, listed below:

- Are you satisfied with Centennial Care?
- Are you satisfied with your doctor?
- Are you satisfied with your health plan?
- Are you satisfied with the help provided by your care coordinator?

Member responses to these new questions will be included in the Centennial Rewards Annual Report in July.

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ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

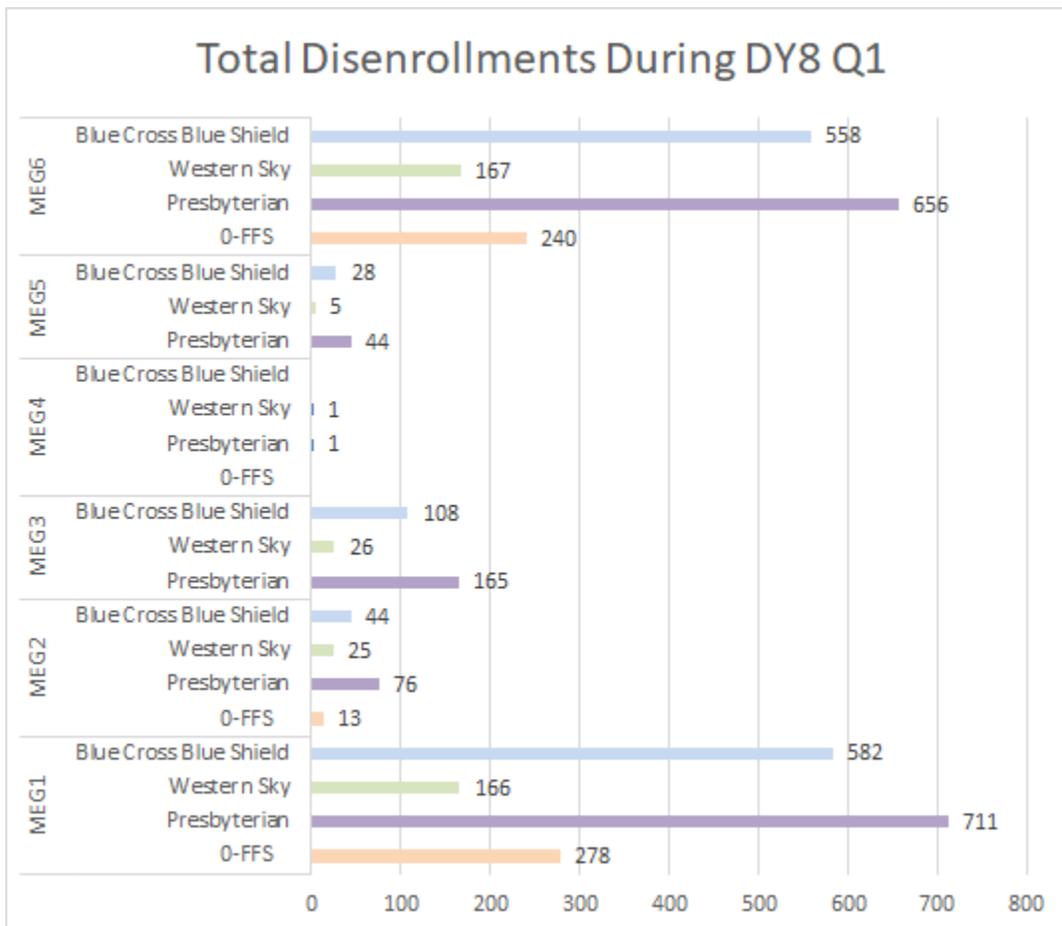
The following table outlines quarterly enrollment and disenrollment activity under the demonstration. The enrollment counts are unique enrollee counts, not member months. Please note that these numbers reflect current enrollment and disenrollment in each Medicaid Eligibility Group (MEG). If members switched 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 DY8 Q1 Ending March 2021	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY8 Q1
Population MEG1 - TANF and Related	0-FFS	37,915	46,496	278
	Presbyterian	199,995	220,716	711
	Western Sky	36,937	40,575	166
	Blue Cross Blue Shield	127,303	138,951	582
	Summary	402,150	446,738	1,737
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,330	2,889	13
	Presbyterian	20,338	21,283	76
	Western Sky	3,587	3,808	25
	Blue Cross Blue Shield	11,838	12,218	44
	Summary	38,093	40,198	158
Population MEG3 - SSI and Related - Dual	0-FFS		72	
	Presbyterian	22,689	23,616	165
	Western Sky	2,885	2,887	26
	Blue Cross Blue Shield	10,752	11,248	108
	Summary	36,326	37,823	299
Population MEG4 - 217-like Group - Medicaid Only	0-FFS	168	208	

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	Presbyterian	121	159	1
	Western Sky	19	25	1
	Blue Cross Blue Shield	86	110	
	Summary	394	502	2
Population MEG5 - 217-like Group - Dual	0-FFS		11	
	Presbyterian	2,798	2,911	44
	Western Sky	438	434	5
	Blue Cross Blue Shield	2,148	2,139	28
	Summary	5,384	5,495	77
Population MEG6 - VIII Group (expansion)	0-FFS	31,973	35,785	240
	Presbyterian	131,159	131,775	656
	Western Sky	29,033	29,506	167
	Blue Cross Blue Shield	99,098	98,390	558
	Summary	291,263	295,456	1,621
		773,610	826,212	3,894

Source: Enrollee Counts Report



Source: Enrollee Counts Report

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OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
DY8 Q1	<ul style="list-style-type: none">• HSD is partnering with the NM (New Mexico) Health Marketing Coalition headed by the NM Department of Tourism (NMDT) to promote outreach for the COVID-19 Campaign developed by the NMDT. This campaign is designed to encourage New Mexican's to register for and get the COVID-19 Vaccine shot. The New Mexico Department of Health, HSD's Managed Care Organizations and other healthcare stakeholders comprise this coalition. The NM Coalition Health Marketing Coalition Committee has approved our request to send 25,000 postcards to Fee-For-Service Medicaid Members via US Mail. This direct mailer offers four easy steps for registering and receiving the COVID-19 Vaccine.• The Communication and Education Bureau participated in the New Mexico Primary Care Association (NMPCA) 2021 Virtual Spring Conference. HSD staff presented HSD updates, Medicaid COVID-19 services and provided responses to participant questions.• In February of Q1, HSD was invited to participate in Public Health Day at the Legislature Virtual Event. HSD provided Medicaid and other public assistance benefits information as well as New Mexico Crisis and Access Line Information. Stakeholders included, Alliance of Health Councils, New Mexico Public Health Association and the NM Department of Health.• 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.

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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 regularly monitors encounters by comparing encounter submissions to financial reports to ensure completeness. HSD monitors encounters by extracting data monthly to identify the accuracy of encounter submissions and shares this information with MCO's. HSD 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: <http://www.hsd.state.nm.us/LookingForInformation/medicad-eligibility.aspx>. 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 DY8 Q1 reflect the Centennial Care 2.0 rates effective on January 1, 2021. 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, 2021 were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2021.

During DY8 Q1, directed payments, hospital access payment, health care quality surcharge payments, and payment for Indian Health Services were made and recouped affecting the per member per month (PMPM) of MEGs 1, 2 and 6 of DY 7. The directed payments made to the University Hospital, hospital access payment and payments made for Indian Health Services predominantly contributed to the change of the PMPM for MEGs 1 and 6 of DY 7; the payments for health care quality surcharge, directed payments to University Hospital and health care quality surcharge mostly accounted for the increase PMPM of MEG 2 of DY 7.

The fiscal impact of the public health emergency due to the Coronavirus (COVID-19) pandemic may be minimal in the financial activities during Quarter 1 of CY 2021. 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 DY 6 to DY 8.

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 seven 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.
- To implement coverage and reimbursement for COVID-19 vaccine and vaccine administration in accordance with Medicare's billing and reimbursement guidance.

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
- 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 3/16/20 – 9/30/20 for supportive living, intensive medical living, and family living as approved in NM.0173.R06.03.

PATIENT CENTERED MEDICAL HOMES (PCMH)

HSD receives quarterly data reported by the MCOs reflects an improvement in rates and trends by the following interventions set in place by the MCOs.

BCBS: BCBS has several initiatives in place to reduce ER utilization and hospital readmission, centered primarily around care coordination. Care coordinators connect with BCBS members soon after hospital discharge to make sure they have post discharge appointments with their clinicians. In the upcoming quarter, BCBS will become more actively involved with our medical groups to

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partner with them. Members who are high utilizers are referred for consideration for complex case management to actively address their needs and provide resources to prevent readmissions and ER utilization. BCBS has weekly rounds to discuss these complex members to assure they have the resources for which they qualify.

PHP: PHP’s partnership with PCMHs has resulted in overall decrease of both readmissions and ED utilization, despite a steady increase of patients paneled. PHP’s number of patients paneled to a PCMH increased by 3.06% Q3 to Q4. However, readmissions decreased by 0.03% and ED utilization decreased by 0.45%. Only 4.89% of PCMH patients had an ED visit. PHP has 60.3% patients paneled to a PCMH. PHP continued to meet with PCMHs monthly and discuss utilization of telehealth services across all locations.

WSCC: WSCC addresses high emergency room utilization and hospital readmission for PCMH members with interventions. The primary intervention focuses on preventing members from going to the emergency room unless it is, in fact, an emergency. WSCC sends letter and fliers to members that reminds them of alternatives to the emergency room. The alternatives given to members are in-network urgent care, virtual health visits, visiting their PCP’s and WSCC’s 24/7 nurse advice line. Currently these fliers are sent to members identified through WSCC’s super utilizer ED report. Examining the data reveals that hospital admissions were at their lowest in quarter 4 with only 112 and readmissions were also at their lowest this quarter at 11. The percentage of members that presented to a PCMH within 7 days of hospital inpatient discharge was at its highest in quarter 4 at 26.7%. Examining data on PCMH members who visited the emergency room, showed that quarter 4 data and the previous quarter 3 data were statistically close. There were 2980 ED visits in quarter 4, compared to 2910 in quarter 3.

Please see DY7 Q1 through DY7 Q4 listed below. A DY8 Q1 update will provided in the DY8 Q2 report.

Table 3: PCMH Assignment

PCMH ASSIGNMENT				
Total Members Paneled to a PCMH				
	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4
BCBS	116,222	117,929	122,211	125,404
PHP	219,610	219,041	234,087	241,246
WSCC	24,378	25,316	29,084	32,744
Percent of Members Paneled to a PCMH				
	DY7Q1	DY7 Q2	DY7 Q3	DY7Q4
BCBS	46.3%	46.0%	46.1%	46.1%
PHP	58.5%	56.4%	59.2%	60.3%

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WSCC	34.6%	34.3%	36.0%	37.3%
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In response to the public health emergency, HSD directed provider to offer telehealth services to be provided in all physical health, behavioral health, and long-term care settings to ensure safe access to health care. HSD added new telehealth codes to encourage the use of telephonic visits and e-visits in lieu of in-person care to reduce the risk of spreading COVID-19 through face-to-face contact.

CARE COORDINATION MONITORING ACTIVIES

Care Coordination Monitoring Activities	
DY8 Q1 Activities	<p>In DY8 Q1, HSD continued to monitor MCO enrollment and Member engagement through the quarterly Care Coordination Report. This report includes data related to completion of required assessments and touchpoints within contract timeframes. The MCO aggregate results from DY7 Q1-Q4 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 CY20. 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. Due to this revised alignment, BCBS met all performance standards in DY7 Q4. HSD continues to monitor strategies and interventions for all MCOs to retain and increase compliance with performance standards.</p> <p>The table below details aggregate and individual MCO performance. DY8 Q1 data will be reported in DY8 Q2.</p>

Table 4 – Care Coordination Monitoring

MCO PERFORMANCE STANDARDS	DY7Q1	DY7Q2	DY7Q3	DY7Q4
HRAs for new Members	98%	97%	99%	99.8%
BCBSNM	98%	97%	100%	100%
PHP	96%	95%	92%	98%
WSCC	100%	100%	100%	100%
HRAs for Members with a change in health condition	87%	92%	94%	90%
BCBSNM	100%	100%	100%	100%
PHP	81%	87%	91%	87%
WSCC	100%	100%	100%	100%
CNAs for CCL2 Members	93%	93%	92%	96%
BCBSNM	85%	83%	81%	90%
PHP	98%	99%	99%	99%
WSCC	99%	99%	100%	100%
CNAs for CCL3 Members	87%	90%	90%	95%
BCBSNM	76%	79%	77%	90%
PHP	91%	98%	97%	98%
WSCC	100%	100%	100%	100%
CCPs for CCL2 Members	92%	91%	95%	94%
BCBSNM	72%	74%	87%	90%
PHP	100%	99%	99%	96%
WSCC	97%	97%	97%	98%
CCPs for CCL3 Members	93%	91%	97%	95%
BCBSNM	80%	80%	93%	94%
PHP	99%	99%	100%	96%
WSCC	95%	97%	100%	93%

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

January 1, 2019 – December 31, 2023

In DY8, HSD continues to monitor 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 whether MCOs are able to continue to provide Care Coordination by completing assessments and touchpoints for Members telephonically.

The MCOs report CNAs and touchpoints that have been completed/not completed due to Member-driven COVID-19 concerns. These Member-driven concerns include the absence of privacy in the Member's home to discuss Protected Health Information (PHI) and a lack of sufficient minutes on a Member's cell phone. In subsequent months the MCOs attempt to conduct assessments and touchpoints that were not completed in prior months. The table below details the MCOs' completion of Bi-Weekly Telephonic In Lieu of Face-To-Face visits. DY8 Q1 data will be reported in DY8 Q2.

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

January 1, 2019 – December 31, 2023

TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY7Q1	DY7Q2	DY7Q3	DY7Q4
WSCC	N/A	0	0	0
Semi-annual CNAs completed	N/A	405	581	523
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.

January 1, 2019 – December 31, 2023

Care Coordination Audits

HSD continues to monitor MCO compliance with contract and policy by conducting monthly Care Coordination audits. These audits monitor:

- Whether Members listed as Difficult to Engage, Unreachable or Refused Care Coordination have been correctly categorized (Care Coordination Categorization Audit)
- Verification that Transition of Care (TOC) plans for Members transitioning from an in-patient hospital stay or nursing facility to the community, adequately address the Members' needs, including the need for community benefits (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 contract (Health Risk Assessment and Care Coordination Level Audit)

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

In DY8 Q1, HSD revised the frequency and quantity of Member files audited. The number of files audited was increased from ten (10) per category per MCO to fifteen (15) per category per MCO. The frequency of the audits was moved from monthly to quarterly. This allowed for more in-depth review of files, increased the time period for the MCOs to implement training and corrective action and reduced administrative burden on HSD and the MCOs.

The table below details the Care Coordination Categorization Audit results for DY7 Months 10, 11 and 12. DY8 Q1 data will be reported in DY8 Q2.

Table 6 - Care Coordination Categorization Audit

DIFFICULT TO ENGAGE (DTE)	DY7M10	DY7M11	DY7M12
Number of Member files audited	30	30	30
BCBS	10	10	10
PHP	10	10	10
WSCC	10	10	10
Number of Member files correctly categorized	24	27	25
BCBS	6	9	8
PHP	8	10	8
WSCC	10	8	9
% of Member files correctly categorized	80%	90%	83%
BCBS	60%	90%	80%
PHP	80%	100%	80%
WSCC	100%	80%	90%
UNABLE TO REACH (UTR)	DY7M10	DY7M11	DY7M12
Number of Member files audited	30	30	30
BCBS	10	10	10
PHP	10	10	10
WSCC	10	10	10
Number of Member files correctly categorized	22	23	22
BCBS	7	10	6
PHP	7	5	8
WSCC	8	8	8
% of Member files correctly categorized	73%	77%	73%
BCBS	70%	100%	60%
PHP	70%	50%	80%
WSCC	80%	80%	80%
REFUSED CARE COORDINATION (RCC)	DY7M10	DY7M11	DY7M12
Number of Member files audited	30	30	30

January 1, 2019 – December 31, 2023

BCBS	10	10	10
PHP	10	10	10
WSCC	10	10	10
Number of Member files correctly categorized	25	23	28
BCBS	7	3	8
PHP	8	10	10
WSCC	10	10	10
% of Member files correctly categorized	83%	77%	93%
BCBSNM	70%	30%	80%
PHP	80%	100%	100%
WSCC	100%	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 showed that the MCOs:

- Showed increased compliance related to documentation in Member files, to include providing Care Coordination Declination forms and reasons for refusal of Care Coordination
- Did not consistently engage community supports when reaching out to Members
- Did not document all contract required attempts to reach Members prior to categorizing them as Difficult to Engage
- Did not utilize all available resources to update Member contact information prior to categorizing the Member as Unable to Reach

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 of Care Coordination staff. HSD requested and received follow up on audit files that did not meet compliance.

The table below details the Transition of Care Audit results for DY7 Months 10, 11 and 12. DY8 Q1 data will be reported in DY8 Q2.

Table 7 - Transition of Care Audit

IN-PATIENT TRANSITION OF CARE	DY7M10	DY7M11	DY7M12
Number of Member files audited	20	20	21
BCBS	8	10	10
PHP	10	10	10
WSCC	2	0*	1
Number of Member files correctly categorized	15	19	19
BCBS	7	9	9
PHP	6	10	9
WSCC	2	N/A	1
% of Member files correctly categorized	75%	95%	90%
BCBS	88%	90%	90%
PHP	60%	100%	90%
WSCC	100%	N/A	100%
NURSING FACILITY TRANSITION OF CARE	DY7M10	DY7M11	DY7M12
Number of Member files audited	12	13	7
BCBS	10	2	3
PHP	2	8	3
WSCC	0	3	1
Number of Member files correctly categorized	9	11	5
BCBS	7	2	1
PHP	2	8	3
WSCC	N/A*	1	1
% of Member files correctly categorized	75%	85%	71%
BCBS	70%	100%	33%
PHP	100%	100%	100%
WSCC	N/A	33%	100%

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.

Results of the Transition of Care (TOC) Monthly Audits showed increased rates of compliance for contract required 3-day post discharge assessments in M11 and M12. HSD noted inconsistency in documentation of care coordinators' collaboration with discharge planners prior to in patient to community discharge. HSD provided detailed findings, reiterated contract requirements, and stressed the importance of comprehensive documentation. HSD requested and received updates on specific audited Members and ongoing training provided to Care Coordination staff.

The table below details the Health Risk Assessment and Care Coordination Level Audit results for DY7 Months 10, 11 and 12. DY8 Q1 data will be reported in DY8 Q2.

Table 8 - Health Risk Assessment and Care Coordination Level Audit

HEALTH RISK ASSESSMENT	DY7M10	DY7M11	DY7M12
Number of Member files audited	30	30	30
BCBS	10	10	10
PHP	10	10	10
WSCC	10	10	10
Number of Member files correctly categorized	30	30	30
BCBS	10	10	10
PHP	10	10	10
WSCC	10	10	10
% of Member files correctly categorized	100%	100%	100%
BCBS	100%	100%	100%
PHP	100%	100%	100%
WSCC	100%	100%	100%
CARE COORDINATION LEVEL	DY7M10	DY7M11	DY7M12
Number of Member files audited	30	30	30
BCBS	10	10	10
PHP	10	10	10
WSCC	10	10	10
Number of Member files correctly categorized	22	24	24
BCBS	8	8	10

PHP	8	9	9
WSCC	6	7	5
% of Member files correctly categorized	73%	80%	80%
BCBS	80%	80%	100%
PHP	80%	90%	90%
WSCC	60%	70%	50%

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

Results of the Health Risk Assessment (HRA) audit in DY7 showed that the MCOs consistently met all contract requirements when completing HRAs. When discrepancies were identified in the Care Coordination (CCL) Audit, HSD requested that the MCO re-assess identified Members to determine the correct Care Coordination Level per contract and policy. HSD received updates from the MCOs on the re-assessments requested.

Care Coordination Ride-Alongs

HSD conducted eight (8) virtual ride-alongs with MCO care coordinators in DY8 Q1 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 that Members had appropriate access to Community Benefits.

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

- Care coordinators adhered to all contractual obligations in their assessments
- CNAs required additional time when completed telephonically, which placed a burden on some Members
- Care coordinators often went beyond contract requirements to assist Members with locating and applying for additional resources and services
- HSD noted opportunities for improvement that included:
 - Additional pre-assessment research by care coordinators to become familiar with Member medications, diagnoses, and Member goals
 - Additional training for care coordinators related to active listening skills, motivational interviewing, and conducting assessments telephonically

- Ensuring all needed appointments are scheduled
- Providing a more robust variety of resources for Member needs

HSD followed up with the MCOs to ensure they provided all required resources for their Members and that they will continue ongoing training related to assessment completion requirements and techniques.

Care Coordination All MCO 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 DY8 Q1 quarterly meeting on March 11, 2021 and reviewed:

- Aggregate data from the Quarterly Care Coordination Report related to compliance with assessment and touchpoint timeliness
- Results of monthly audits of Member categorization, Health Risk Assessments (HRAs), Care Coordination Levels (CCLs) and compliance with Transition of Care (TOC) requirements
- Aggregate data from the Bi-Weekly Telephonic In Lieu of Face-to-Face Reports and Member-driven issues that contributed to delayed assessments

HSD focused specifically on Members categorized as Unable to Reach (UTR), Difficult to Engage (DTE) or Refused Care Coordination (RCC), discussing areas of concern regarding the consistent increase of Members in these categories. HSD engaged with MCO staff to identify best practices for increasing the engagement of community supports to reach Members, increased training for staff completing HRAs, targeted reviews of quarterly claims mining, and expanded MCO supervisory oversight of CNA completion. HSD implemented a quarterly workgroup focusing on strategies for decreasing this population and engaging additional Members in Care Coordination.

BEHAVIORAL HEALTH

In 2021, the Behavioral Health Services Division (BHSD) continues to work to maintain and expand critical behavioral health services during the COVID 19 public health emergency. Expansion of telehealth services was the biggest change for the behavioral health provider network in 2020, and telehealth continues to be at the heart of behavioral health this year. 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 DY8, 50,466 individuals received behavioral health through telehealth. That represents a 9 percent increase over the last quarter of DY7, and a 153 percent increase since the first quarter of 2020. The steady increase is partly the result of the continuing pandemic, but is also reflective of client and provider preferences and the high value of telehealth in New Mexico's rural landscape.

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, before dropping by 5 percent at the end of DY7. First quarter of DY8 saw a further slight decline, dropping 2 percent to 33,785 people. This is a positive trend, and reflects more providers building their capacity for HIPAA-compliant forms of telehealth. 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. 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.

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 continued to decrease this quarter but at a much slower pace than last quarter. 2020 quarter four utilization was a 24 percent drop from quarter three, but this first quarter of 2021 shows only a 7 percent decrease. Pandemic conditions have improved in New Mexico, but persistent concerns about the COVID 19 virus continue to impact the number of members seeing care and the number of appointments made. A total of 1,727 people received SBIRT services in quarter four of 2020, while a total of 1,605 received services in quarter one of 2021. On average, 594 clients were seen on a monthly basis during the quarter with growth seen in February and March each with 600 clients or more receiving screens per month. The increased screening during February and March 2021 shows the service may be resuming the upward trend it had before the public health emergency.

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

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. A third new CTC is due to begin operating under proxy rates before the end of the year while working on developing their final rates. 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, aged 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.

In quarter one of 2021, the utilization of SUD in an IMD increased over quarter four of 2020. An average of 885 beneficiaries per month were served in the final quarter of 2020, and that monthly average rose to 1,017 for quarter one of 2021. In quarter one of 2021, 2,400 beneficiaries were served whereas 1,937 were served in the quarter four of 2020, a 24 percent increase.

There is claim lag present in these totals and the increase seen now is not yet complete and is likely to increase with the next data refresh.

SUD Health IT

For DY8 the Human Services Department continues actively working to develop the necessary SUD Health IT capabilities to support member health outcomes and address the SUD goals of the demonstration. NM has developed a workgroup to review our Health IT plan to ensure the progress and support of each milestone.

Utilization of the NM Prescription Monitoring Program (PMP) rose by 4 percent from 2019 to 2020, from 83 percent of providers checking the PMP appropriately to 87 percent. NM is also exploring funding options to develop enhancements such as reporting and opportunities to further integrate providers to the NM PMP.

NM has completed the implementation of EDIE in all NM Health Homes. Health Homes have also received training on the new SUD features that have been incorporated into EDIE. NM 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. Due to the public health emergency, there were fewer ECHO training sessions on pain management in 2020 than 2019 – a drop from 68 trainings to 33. But because of the increased ease of participating in virtual trainings, attendance stayed stable: there were 455 unique learners in 2019 and 459 in 2020. 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 PDMP.

HSD and the NM Department of Health (DOH) collaborated to place telehealth Certified Peer Support Workers in five EDs 24/7 in 2020, with plans to expand to other EDs during 2021. HSD and vendors for the new MMIS will be designing and implementing enhanced data analytics targeted for 2022. Smart phone apps are part of the MMIS unified portal interface (UPI). HSD and vendors for the new MMIS will be designing and implementing smart phone capabilities (UPI) in 2022. This initiative will assist in retention in treatment for OUD and other SUDs.

HSD and vendors for the new MMIS will be designing and implementing data services to provide analytics for public health and clinical support for providers is also targeted for 2022.

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

In the first quarter of DY8 the Behavioral Health Services Division (BHSD) enrolled two additional Adult Accredited Residential Treatment Centers (AARTC) as Medicaid providers. One existing AARTC provider expanded their program by adding ASAM levels to their treatment services. A total of nine providers are now eligible to bill Medicaid for residential treatment services. Eight of these providers have established rates and the remaining one is working with HSD to establish service rates. There are currently six AARTC applications under various stages of review and pending approval.

The critical need for AARTC services in McKinley County was addressed with the opening of the new facility in Gallup, New Mexico in December 2020. Admission of clients began in late December and as of the end of first quarter in 2021, there have been a total of 15 admissions.

The tables below show the number of individuals who received AARTC services during the third quarter of 2020 and the first quarter of 2021. Utilization of the Medicaid service shows a 33 percent increase between quarters, while utilization of the non-Medicaid service declines by 31 percent for the same period. The shift indicates HSD’s efforts to transition this critical service to the Medicaid program are succeeding.

Medicaid AARTC Client Counts		
Provider	2020 Q4	2021 Q1
716	2	13
090	4	10
037	74	86
081	9	8
589	17	22
Unduplicated totals	98	130

Non-Medicaid AARTC Client Counts		
Provider	2020 Q4	2021 Q1
716	42	47
090	33	0
037	19	18
081	0	0
589	0	0
Unduplicated totals	94	65

BHSD and the Medical Assistance Division (MAD) have begun discussing next steps to the development of AARTC rates. Rates will be assessed after one full year of utilization and expenditure data has been collected to determine if the initial rates, based on projections, were appropriate.

Understanding and working through the process of accreditation continues to be a challenge for new AARTCs. The Joint Commission recently provided its Comprehensive Manual for Behavioral Health and Human Services to assist in bridging Medicaid requirements of providers choosing JC as the accrediting body.

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 allow services to be rendered in the most efficient and timely manner.

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

Health Homes

The CareLink New Mexico 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) provide 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. During DY8 quarter one, HSD submitted the State Plan Amendment to add Substance Use Disorder (SUD) to the eligibility criteria for Health Homes, which aligns 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	
DY8 Q1 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 7 percent over the previous year, despite limitations posed by the COVID-19 public health emergency. During DY8 Q1, enrollment increased by 2 percent over DY7 Q4, which represents the steady expansion of an established service.</p> <p>During DY8 Q1, HSD delivered technical assistance to Health Home staff that included: exploring strategies for safely delivering face-to-face services to members, and reviewing the documentation of services in NM Star’s CareLink data collection system.</p>

	<p>HSD completed reviewed of updates to the CLNM Policy Manual to support the addition of Substance Use Disorder to eligibility criteria. The Manual was posted for public comment, and responses to those comments are being developed now. The updated Manual will be available this Spring.</p> <p>New Mexico's leadership submitted the SPA to add SUD eligibility criteria for Health Homes and participated in consultations with SAMHSA and CMS. NM has received approval for the SPA from CMS with an effective date retroactive to 1/1/21.</p>
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Source: NMStar, CLNM Opt-in Report, April 2021

Table 10: Number of Members Enrolled in Health Homes

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES									
Q1 2020 JAN – MAR	Q2 2020 APR – JUN	% CHANGE	Q3 2020 JUL-SEPT	% CHANGE	Q4 2020 OCT-DEC	% CHANGE	DY7 GROWTH	Q1 2021 JAN-MAR	% CHANGE
3,713	3,829	3%	3,858	0.8%	3,959	2.6%	7%	4,020	2%

Source: NMStar, CLNM Opt-in Report, April 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, BHSD continues to strongly encourage Linkages providers 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) to align with the state's goals for building the peer support workforce. One Linkages provider currently has five CPSWs assigned to deliver Linkages supportive housing services. Another Linkages provider hired a CPSW through a peer recovery grant, this CPSW may also be rendering Linkages support services. Other Linkages providers continue to consider hiring CPSW staff for Linkages programming and/or are actively seeking CPSWs to hire, while utilizing case managers, community support workers, and supportive housing coordinators to offer these services.

The Office of Peer Recovery and Engagement (OPRE) resumed acceptance of new CPSW training applications March 1, 2021, after a pause to focus on a backlog of applicants. All Linkages providers have been kept informed about CPSW training opportunities and receive the OPRE monthly newsletter. OPRE now has a list-serv of CPSWs available to providers to verify if a potential peer hire is certified. Also, OPRE has a Supportive Housing specialty endorsement, which is an additional training for CPSWs. The available list-serv indicates if CPSWs carry this endorsement, which is not required for Medicaid billing but is helpful for those CPSWs involved with supportive housing services.

BHSD continues to promote the use of CPSWs to render Linkages support services, which will bring this important service more fully into the Medicaid program. Providers receive information, education and training about the value of using CPSWs and shifting to Medicaid reimbursement through the statewide Linkages meeting, Supportive Housing trainings, the Linkages policy manual, and on-going technical assistance from the BHSD Supportive Housing Program Manager. Provider contracts for State Fiscal Year 2022 will include an item specific to Medicaid and H0044. The Linkages/ Supportive Housing TA contractor has distributed to Linkages providers a spreadsheet to show the potential monetary gain that could come from billing the correct code, based on varying case load capacities; the spreadsheet serves as a useful promotion tool.

MEDICAID SUPPORTIVE HOUSING UTILIZATION	
January 1, 2021 – March 31, 2021	
Quarter	Client Count
1	23
Unduplicated Total	23

* Claims lag may be present up to 90 days after the end of the quarter.

An increase of state general funds (SGF) for FY21 allowed BHSD to expand Linkages services that are not covered by Medicaid. BHSD uses these funds to support rental assistance vouchers for eligible Linkages clients. In FY20, funding allowed 160 households to receive a rental assistance voucher and support services; in FY21, the funding increased to cover up to 318 households. In FY21, Linkages has eight sites: Curry and McKinley are new Linkages sites and have made progress with establishment of Linkages programing. In FY22, the Linkages budget will maintain the FY21 expansion, and there will continue to be eight Linkages sites with a capacity of 318 households served with vouchers and support services.

Centennial Home Visiting (CHV) Pilot Program

In DY8 Q1, between Jan 1 and Mar 31, 2021, the numbers 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 70 unique families in Bernalillo County and Valencia County.

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

UNM CDD PAT served 47 unique families in Bernalillo County.

ENMRSH served 26 unique families in Curry County and Roosevelt County.

Taos Pueblo/Tiwa Babies served 5 unique families in Taos County.

The CHV services delivery was still affected by the COVID-19 emergency during DY8. HSD provided the following guidance to assist CHV providers:

“HSD is temporarily waiving the requirement that CHV program provides in-home visits. Instead, Nurse Family Partnership and Parents as Teachers home visitors will follow telehealth guidance in accordance with their curriculum standards, including the use of videoconferencing, if possible. Any activities that require an in-person visit with CHV clients will be deferred through the termination of the emergency declaration.”

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

Presumptive Eligibility Program

The NM 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 NM State Agencies including the NM Department of Health (DOH), NM Children Youth and Families Department (CYFD) and the NM Corrections Department (NMCD). Currently, there are approximately 724 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assisting with on-going Medicaid application submissions.

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HSD staff conducted 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) demonstration trainings. During demonstration 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 DY8 Q1 PE program staff conducted three PE certification trainings and three YESNM-PE demonstration refresher trainings.

HSD continues to monitor the 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 BabyBot 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 BabyBot, 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 BabyBot is available through a link located on the PED’s home page in YESNM-PE. The BabyBot 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. Currently 283 active PEDs are certified to use the BabyBot functionality with more trainings scheduled to increase participation.

Table 8: 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 DY8 Q1, 49 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 during this quarter. In this reporting period 74% of all newborns submitted through a Baby Bot chat session resulted in a successful case update. 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 BabyBot (January – March 2021)					
Month	Newborns Submitted through AVA	Newborns Successfully Enrolled-	Newborns Unsuccessfully Enrolled- Tasks Created	% of Newborns Successfully Enrolled	% of Newborns Unsuccessfully Enrolled
January	607	431	176	71%	29%
February	552	390	162	71%	29%
March	662	522	140	79%	26%
Total	1,821	1,343	478	74%	26%

Source: Accenture BabyBot dashboard RPA activity detail daily report

Table 11: PE Approvals outlines the numbers of PE approvals granted and the total number of ongoing applications submitted and approved. NM PEDs are aware of the importance of on-going Medicaid coverage for their clients. This is reflected by the high number of PE approvals that also had an ongoing application submitted in DY8 Q1. In DY8 Q1, 98.61% of all PE approvals also had an ongoing application submitted.

Table 11: PE Approvals

PE APPROVALS (January – March 2021)				
Month	PEs Granted	% PE Granted w/Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
January	126	99.21%	886	686
February	112	99.11%	885	697
March	123	97.56%	870	696
Total	361	98.61%	2,641	2,079

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 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.

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The following table outlines the numbers of PE approvals granted and the total number of ongoing applications submitted and approved. In DY8 Q1, 87.50% of all JUST Health PE approvals also had an ongoing application submitted.

Table 12: PE Approvals

PE APPROVALS – JUST HEATH (January – March 2021)				
Month	PEs Granted	% PE Granted w/Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
January	2	100%	59	56
February	3	100%	73	69
March	11	81.82%	69	65
Q2 Totals	16	87.50%	201	190

Source: Monthly PE001 Report from ASPEN and OmniCaid

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HCBS REPORTING

Critical Incidents	
DY8 Q1 Critical Incidents	<p>HSD conducted a quarterly meeting with MCOs to include Centennial Care Contracts Bureau, Long Term Services and Supports Bureau and BHSD to provide an overview of critical incident reporting. The primary discussion was reporting Neglect Critical Incident Reports (CIRs) for refusing services and insufficient staffing within agencies. A follow up meeting to address these specific topics will be held on April 7, 2021. MCOs designated the representation to begin planning the 2021 annual provider CIR training.</p> <p>HSD conducted daily reviews of critical incidents submitted by MCOs and providers for the purpose of ensuring reports meet reporting requirements. In addition, a weekly report of identified critical incident reporting concerns was sent to MCOs for correction and/or follow-up.</p> <p>HSD provided daily assistance to MCOs and providers to obtain access to the CIR Portal by establishing and/or resetting login credentials as well as deleting duplicate reports.</p> <p>DY8 Q1 data will be received on April 30,2021 and be reflected in DY8 Q2 report. DY7 Q4 data was received on January 30,2021. During DY7, a total of 59,352 CIRs were filed for Centennial Care which includes physical health (54,276), and subsets of behavioral health (2,745) and community benefit self-directed (2,331) members. The data below represents a MCO summary of the critical incident reporting for quarter one through quarter four of DY7.</p>

**CRITICAL INCIDENTS REPORTED
(Q1-Q4 2020)**

MCO	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	CC	BH	SD
BCBS	2,742	3,267	3,738	3,717	146	152	144	123	108	110	96	138	13,464	565	452
PHP	6,090	9,327	10,878	11,978	381	487	634	503	380	419	497	439	38,273	2,005	1,735
WSCC	548	677	638	676	33	42	54	46	41	37	31	35	2,539	175	144
Total	9,380	13,271	15,254	16,371	560	681	832	672	529	566	624	612	54,276	2,745	2,331

BCBS (Q1-Q4 2020)															
CRITICAL INCIDENT TYPES	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	90	86	98	74	14	20	20	8	8	4	6	7	348	62	25
Death	245	300	280	364	2	5	8	7	5	7	6	13	1,189	22	31
Elopement/ Missing	4	9	11	6	3	2	3	2	0	3	1	1	30	10	5
Emergency Services	1,663	1,321	1,434	1,267	60	81	72	85	71	67	68	85	5,685	272	291
Environmental Hazard	27	14	22	16	1	0	2	0	1	0	1	1	79	3	3
Exploitation	37	42	32	38	4	3	2	0	6	4	0	7	149	9	17
Law Enforcement	37	24	29	32	10	7	7	8	7	1	2	0	125	32	10
Neglect	639	1,468	1,832	1,920	52	34	30	39	10	24	12	24	5,859	155	70
All Incident Types	2,742	3,267	3,738	3,717	146	152	144	123	108	110	96	138	13,464	565	452

**PHP
(Q1-Q4 2020)**

CRITICAL INCIDENT TYPES	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	180	192	226	228	39	35	60	48	7	18	9	9	826	182	43
Death	423	523	463	669	13	16	9	12	18	16	16	25	2,078	50	75
Elopement/ Missing	15	10	16	6	3	2	4	1	0	1	2	0	47	10	3
Emergency Services	3,899	4,516	6,207	6,190	117	239	367	274	313	298	394	345	20,812	997	1,350
Environmental Hazard	82	93	115	83	9	6	6	5	6	8	3	3	373	26	20
Exploitation	60	51	59	53	4	9	3	1	3	5	5	6	223	17	19
Law Enforcement	32	42	37	41	5	10	7	13	3	4	4	4	152	35	15
Neglect	1,399	3,900	3,755	4,708	191	170	178	149	30	69	64	47	13,762	688	210
All Incident Types	6,090	9,327	10,878	11,978	381	487	634	503	380	419	497	439	38,273	2,005	1,735

WSCC (Q1-Q4 2020)															
CRITICAL INCIDENT TYPES	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	25	31	29	27	4	4	6	4	1	4	2	1	112	18	8
Death	42	45	46	72	0	2	1	3	5	2	2	3	205	6	12
Elopement/ Missing	0	5	3	3	0	3	0	2	0	0	0	0	11	5	0
Emergency Services	287	273	204	198	11	17	13	15	30	20	19	23	962	56	92
Environmental Hazard	12	7	11	17	0	0	0	1	0	0	0	0	47	1	0
Exploitation	9	5	12	5	0	1	0	1	2	1	3	2	31	2	8
Law Enforcement	3	7	6	5	1	2	2	0	0	0	0	0	21	5	0
Neglect	170	304	327	349	17	13	32	20	3	10	5	6	1,150	82	24
All Incident Types	548	677	638	676	33	42	54	46	41	37	31	35	2,539	175	144

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 and quarterly 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 13: ADRC Hotline Call Profiler Report

ADRC HOTLINE CALL PROFILER REPORT	
TOPIC	NUMBER OF CALLS
Home/Community Based Care Waiver Programs	2,456
Long Term Care/Case Management	4
Medicaid Appeals/Complaints	4
Personal Care	199
State Medicaid Managed Care Enrollment Programs	144
Medicaid Information/Counseling	1 199

Source: SAMS Call Profiler Report; GSA I 7-630-8000-0001 CDA 93-778 State Fiscal Year 2020, Quarter 3 report

Table 14: ADRC Care Transition Program Report

ADRC CARE TRANSITION PROGRAM REPORT			
COUNSELING SERVICES	NUMBER OF HOURS	NUMBER OF NURSING HOME RESIDENTS	NUMBER OF CONTACTS
Transition Advocacy Support Services		116	
*Medicaid Education/Outreach	3,515		
Nursing Home Intakes		52	
**LTSS Short-Team Assistance			129

*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) GSA I 7-630-8000-0001 CFDA 93-778 State Fiscal Year 2020, Quarter 3 reports

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Community Benefit

In DY8 Q1, the Long-term Care (LTC) workgroup projects have included CC 2.0 program changes such as CC 2.0 reporting revisions, the 2021 D-SNP transition, and implementation of the federally required Electronic Visit Verification (EVV) for the Self-Directed Community Benefit (SDCB).

EVV

In DY8 Q1, HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Community Benefit (ABCB) and EPSDT Personal Care Services. In CY 2020, HSD worked with MCOs and subcontractors on the implementation of EVV for the Self-Directed Community Benefit (SDCB) and fee-for-service programs which started January 2021. Please see ABCB EVV data for DY7 Q4 outlined in the table below. The MCOs reported that 76% of the total ABCB PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder were created through the First Data Authenticare application.

Table 15: EVV DATA

EVV DATA (OCT – DEC 2020)		
MCO	AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD	NUMBER OF TOTAL CLAIMS THIS PERIOD
BCBS	7,409	469,846
PHP	14,801	908,860
WSCC	1,735	106,052
TOTAL	23,945	1,484,758

Statewide Transition Plan

HSD continues to update the Statewide Transition Plan (STP) milestones as required by CMS. HSD plans to issue the STP for public comment in the summer of 2021. Once this is completed, HSD will submit the final STP to CMS.

MCO Internal NF LOC 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. BCBS conducted 102 total audits of NF LOC determinations including eighteen (18) facility-based and 84 community-based determinations. PHP conducted 231 total audits of NF LOC determinations including 65 facility-based and 166 community-based determinations. WSCC conducted 60 total audits of NF LOC determinations including twelve (12) facility-based determinations and 48 community-based determinations. 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. The data for DY8 Q1 will be received on April 28, 2021 and will be reported in the DY8 Q2 report.

Facility-Based Internal Audits	Oct	Nov	Dec	DY7Q4
High NF Determinations				
Total number of High NF LOC files audited	9	8	9	26
BCBSNM	3	3	3	9
PHP	4	3	4	11
WSCC	2	2	2	6
Total number of files with correct NF LOC determination	9	8	9	26
BCBSNM	3	3	3	9
PHP	4	3	4	11
WSCC	2	2	2	6
%	100%	100%	100%	100%
BCBSNM	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
BCBSNM	3	3	3	9
PHP	16	17	21	54
WSCC	2	2	2	6
Total number of files with correct NF LOC determination	21	22	26	69
BCBSNM	3	3	3	9
PHP	16	17	21	54
WSCC	2	2	2	6
%	100%	100%	100%	100%
BCBSNM	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
BCBSNM	3	3	3	9
PHP	4	3	4	11
WSCC	2	2	2	6
%	100%	100%	100%	100%
BCBSNM	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
BCBSNM	3	3	3	9
PHP	16	17	21	54
WSCC	2	2	2	6
%	100%	100%	100%	100%

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BCBSNM	100%	100%	100%	100%
PHP WSCC	100%	100%	100%	100%
	100%	100%	100%	100%

Source: External Quality Review Organization (IPRO) audit results

Table 15: Quarterly 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
BCBSNM		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
BCBSNM		28	28	28	84
PHP		58	56	52	166
WSCC		16	16	16	48
%		100%	100%	100%	100%
BCBSNM		100%	100%	100%	100%
PHP		100%	100%	100%	100%
WSCC		100%	100%	100%	100%
Timeliness of Determinations		Oct	Nov	Dec	DY7 Q4
Total number of Community-Based determinations completed within required timeframes		100	100	96	296
BCBSNM		27	28	28	83
PHP		57	56	52	165
WSCC		16	16	16	48
%		98%	100%	100%	99%
BCBSNM		96%	100%	100%	99%
PHP		98%	100%	100%	99%
WSCC		100%	100%	100%	100%

Source: External Quality Review Organization (IPRO) audit results

External Quality Review Organization (EQRO) 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 in LOD #6, which waived timeliness requirements for NF LOC redeterminations because of the effects of the Public Health Emergency. The data for DY8 Q1 will be received on April 28, 2021 and will be reported in the DY8 Q2 report.

Table 16: 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
BCBSNM	14	15	15	44
PHP	47	38	49	134
WSCC	4	3	5	12
Total number of determinations/redeterminations that did not meet High NF LOC criteria	51	39	59	149
BCBSNM	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%
BCBSNM	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	1,021
BCBSNM	98	66	73	237
PHP	260	220	234	714
WSCC	22	25	23	70
Total number of determinations/redeterminations that did not meet Low NF LOC criteria	358	292	315	965
BCBSNM	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%
BCBSNM	98%	97%	99%	98%
PHP	92%	92%	94%	93%
WSCC	100%	100%	100%	100%

Source: External Quality Review Organization (IPRO) audit results

Table 17: Quarterly MCO NF LOC Determinations- Community Based

Community Based Determinations	Oct	Nov	Dec	DY7 Q4
Total number of determinations/redeterminations completed	2,108	1,819	2,098	6,025
BCBSNM	533	399	527	1,459
PHP	1,463	1,290	1,435	4,188
WSCC	112	130	136	378
Total number of determinations/redeterminations that did not meet NF LOC criteria	2,053	1,776	2,039	5,868
BCBSNM	529	394	518	1,441
PHP	1,415	1,254	1,386	4,055
WSCC	109	128	135	372
%	97%	98%	97%	97%
BCBSNM	99%	99%	98%	99%
PHP	97%	97%	97%	97%
WSCC	97%	98%	99%	98%

Source: External Quality Review Organization (IPRO) audit results

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 random 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. The data for DY8 Q1 will be received on April 28, 2021 and will be reported in the DY8 Q2 report.

Table 18 – EQRO NF LOC Review

Facility-Based				
High NF Determination				
	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4
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
%	86%	83%	96%	94%
BCBSNM	100%	94%	100%	83%
PHP	82%	80%	94%	100%
WSCC	71%	73%	93%	100%
Low NF Determination				
	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4
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				
	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4
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 (IPRO) audit results

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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. The data for DY8 Q1 will be received on April 28, 2021 and will be reported in the DY8 Q2 report.

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AI/ AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
Presbyterian	March 26, 2021	Presbyterian sent out 151 invitations to Taos Pueblo. There were 6 RSVPs but no one called in on the day of the Native American Advisory Board meeting. Presbyterian stayed on the line for 25 minutes then ended the call.
Western Sky Community Care	February 10, 2021	<p>One member asked what is a gym pass and how does it work? WSCC responded that it is a Value Added Service and it is a daily pass to be used at a participating fitness facility.</p> <p>Another question was how to apply for the Traditional Healing Benefit. WSCC responded that the member can contact a Tribal Liaison or Member services to apply.</p> <p>Another question was asked how to get a Smartphone or tablet through WSCC. The answer was that it is for members in a nursing facility or assisted living facility to receive. Member services can be contacted to assist.</p> <p>A member informed WSCC that the Secure Transportation vendor was 15 minutes late picking them up for an appointment and who can they report this to. WSCC advised that they file a grievance or reach out the Ombudsman with WSCC. Contact information on the Ombudsman was provided to the member.</p>
BCBS	February 4, 2021	Someone from the audience asked if all the providers in San Juan County accept BCBS Centennial and is there a current provider listing? The answer was the providers can be found on the BCBS website where it has a resource section with contact information. One of the Tribal Liaisons will reach out to the individual asking the question.

January 1, 2019 – December 31, 2023

		<p>Another question was if a pregnant woman is on Category 100, is she still eligible to get the infant car seat, portable infant crib or wrap baby carrier or does her category code have to be a pregnancy related category? The answer was that the member can call ISD when they find out they are pregnant to get on a pregnancy related category of Medicaid.</p> <p>There were several questions regarding travel and travel reimbursement i.e. Would you be able to get travel reimbursement for your child's appointment out of town? The answer was if the trip is approved by the plan, you can get mileage reimbursement. Another question was how many trips can members schedule at one time?</p> <ul style="list-style-type: none"> • The answer was they can schedule up to 7 appointments ahead of time. <p>Another question was if members can request travel reimbursement for vision or dental and how long before the appointment can they request the mileage reimbursement?</p> <ul style="list-style-type: none"> • The answer was as long as they have an appointment and it is approved by the plan, the member calls in after they schedule an appointment to request a trip number. When the member calls-in BCBS can walk the member through the process. It is best to make the arrangements before.
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Table 19: Status of Contracting with MCOs

MCO	Status
BCBS	BCBSNM remains open and willing to contract with any I/T/U provider, however we continue to be unsuccessful in engaging in meaningful negotiations with I/T/U providers. Many Tribal programs extended their contract into 2021.
PHP	<p>The delay in Presbyterian Health Plan (PHP) efforts at contracting or establishing agreements with ITUs continues due to the Covid-19 pandemic and public health orders.</p> <p>Navajo Nation Division of Behavioral and Mental Health Services (NNBMHS) – New Agreement NNBMHS provides behavioral and mental health service to PHP members via locations at Shiprock, Gallup and Crownpoint. PHP Provider Network Operations and Native American Affairs has provided an onboarding training and they are now live in the PHP network.</p> <p>Four Directions Treatment and Recovery Center – New Agreement This provider has been loaded to the network as a Tribal 638. An official contract is not required for IHS/638 providers.</p> <p>Isleta Pueblo Assisted Living Facility – New Agreement This provider has been loaded to the network as a Tribal 638 for adult day health services. This agreement went live on February 19, 2021</p> <p>Taos Pueblo Community Health and Wellness Division Tiwa Babies Home Visiting – This agreement is now live</p>
WSCC	WSCC Tribal Relations department reports minimal changes in contract statuses for Q1 2021 due to severity of COVID-19 Public Health Emergency, closures of Tribal Reservations to outside, non-Tribal members, and Administrative office closures. However, many of the agreements were extended into calendar year 2021.

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ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Davis Vision
IMPLEMENTATION DATE:	10/29/2020
COMPLETION DATE:	3/2/2021-CLOSED
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>In January 2021, 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.</p> <p>In March 2021, Davis Vision met the metrics for three consecutive months. This action plan was closed on 3/2/21.</p> <p>All line items have been closed on this action plan.</p>

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Secure Transportation
IMPLEMENTATION DATE:	3/4/2021
COMPLETION DATE:	In Process
ISSUES	Improvement Plan – Network Adequacy
RESOLUTION	Since the public health emergency (PHE), three companies have closed permanently which accounts for 20% of the network. This translates to a reduction of 87 vehicles and 300-400 trips less per day as well as reduced drive availability. Secure and PHP are exploring options such as: modified multiload (i.e., larger vehicles, mass transit, mileage reimbursement for all members); streamline substance abuse transports (38% of current volume, deliver medication to members, allow for multi doses, mileage reimbursement option for members); exploring tribal partnerships (need to meet PRC requirements; further research in progress); examine reimbursement rates; ride-share partners (e.g. Lyft, Uber, etc.) to gain acceptance with State and regulatory bodies. PHP and Secure will continue to meet monthly to advance solutions for short- and long-term network issues.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Secure Transportation
IMPLEMENTATION DATE:	1/19/2021
COMPLETION DATE:	In Progress
ISSUES	Improvement Plan – Timely Reporting & Deliverables to MCO
RESOLUTION	February Fleet Inventory Reports – Received timely February Member Trips Unduplicated Report – Received 1 day late Fraud, Waste & Abuse Report – Now current. Late reports were received and PHP continues to monitor. February Grievance Report - Received timely. Provider Manual – In development.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Magellan (BH)
IMPLEMENTATION DATE:	12/4/2020
COMPLETION DATE:	Closed
ISSUES	2020 Annual Audit Documentation
RESOLUTION	Magellan was placed on an Improvement Action Plan for IT and Data submission timeliness. Magellan had failed to provide required documentation in a timely manner to PHP for an internal oversight audit. Since the initial finding, all outstanding items were provided. IAP closed 3/1/21.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	PHP
IMPLEMENTATION DATE:	3/1/2021
COMPLETION DATE:	In Progress
ISSUES	2020 Provider Directory Audit
RESOLUTION	4/1/21 - Seven findings from an external audit related to a Provider Directory Audit. The first finding is not contested, the general and online provider directories do not include all information components required by Contract, sections 4.14.5.1 and 4.14.5.4. The additional findings are being carefully reviewed. PHP is creating a detailed project plan to add required information to the website and to improve the quality of the information. HSD will receive updates for PHP's Provider Database Management project, which is in production and will improve the provider information required to feed the provider directory and downstream claims and encounters databases and other requirements dependent on provider information. The project plan was received by HSD on April 23, 2021.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	12/8/2020
COMPLETION DATE:	3/16/2021
ISSUES	Following the 2020 Audit, the transportation vendor, Secure Transportation, provided and WSCC accepted a new Quality Improvement Plan (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 to address nine findings were due by 3/8/21. WSCC provided monthly updates on the progress of the QIP to HSD.
RESOLUTION	Five findings have been resolved. The remaining unresolved finding have been escalated to a Corrective Action Plan.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	3/16/2021
COMPLETION DATE:	Open Item
ISSUES	Documentation submitted for four findings from the 2020 Quality Improvement Plan described above did not completely resolve the findings. Resolution was escalated to a Corrective Action Plan (CAP). The target completion date is 4/19/2021. WSCC is providing monthly updates on the progress of the CAP to HSD.
RESOLUTION	

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FINANCIAL/ BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY8 Q1 reflects the capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2020. On average, the CY 2021 rate was higher than that of CY 2020; however, fee-for-service claim payments were lagging and they affected the PMPMs for MEGs 1, 2, 4 and 6 compared to those of CY 2020 (see Attachment B – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG). On Attachment B – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis shows DY 7 is 15.3% below the budget neutrality limit (Table 7.5) through five (5) quarters of payments. For DY 8, Table 7.5 shows a 30.8% below the budget neutrality limit with preliminary data through one quarter.

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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	0-FFS	
	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	0-FFS	
	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
	Total	848,919
		2,293,978

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CONSUMER ISSUES

Grievances

HSD receives Report #37 Grievances and Appeals monthly. The report presents the MCOs response standards to ensure that grievances filed by members are addressed timely and appropriately. The report also provides information related to the summary of member grievance reason codes.

In DY8 Q1, the reports submitted by MCOs for January, February and March were reviewed and analyzed to determine compliance with contractual requirements. The data below is the summary of MCO member grievances reported for DY8 Q1:

GRIEVANCES REPORTED			
GRIEVANCES	BCBS	PHP	WSCC
Number of Member Grievances	284	345	59
Top Two Primary Member Grievance Codes			
Transportation Ground Non-Emergency	184	133	19
Other Specialties	2	27	3
Variable Grievances	98	185	37

Appeals

HSD receives Report #37 Grievances and Appeals monthly. The report presents the MCOs response standards to ensure that appeals filed by members are addressed timely and appropriately. The report also provides information related to the summary of member appeals reason codes.

In DY8 Q1, the reports submitted by MCOs for January, February and March were reviewed and analyzed to determine compliance with contractual requirements. The data below is the summary of MCO member appeals reported for DY8 Q1:

APPEALS REPORTED			
A P P E A L S	BCBS	PHP	WSCC
Number of Standard Member Appeals	448	465	29
Number of Expedited Member Appeals	50	26	12

APPEALS REPORTED			
A P P E A L S	BCBS	PHP	WSCC
Top Two Primary Member Appeal Codes			
Denial or limited authorization of a requested service	446	461	29
Denial in whole of a payment for a service	40	29	0
Variable Appeals	12	1	12

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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 Table 19: 2021 MCO Advisory Board Meeting Schedules below.

Table 20: 2021 MCO Advisory Board Meeting Schedules

BCBS 2021			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	2/25/2021	3:30-5:00 PM	Virtual- Albuquerque SE
BCBS	4/15/2021	12:00-1:30 PM	Virtual- Albuquerque SW
BCBS	7/22/2021	12:00-1:30 PM	Virtual- Albuquerque NE
BCBS	10/21/2021	12:00-1:30 PM	Virtual- Albuquerque NW
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	6/17/2021	12:00-1:30 PM	Virtual- Alamogordo (Otero County)
BCBS	9/30/2021	12:00-1:30 PM	Virtual- Silver City (Grant County)
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	2/4/2021	3:30-5:00 PM	Virtual- San Juan County
BCBS	5/6/2021	12:00-1:30 PM	Virtual- Eight Northern Pueblos

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BCBS	8/19/2021	12:00-1:30 PM	Virtual- Albuquerque
BCBS	11/18/2021	12:00-1:30 PM	Virtual- Mescalero

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 (BH included in each meeting)

PHP 2021

Meetings will be held virtually until state restrictions are lifted for in-person meetings. SDCB Subcommittee Member Advisory Board Meetings are currently on hold.

MEMBER ADVISORY BOARD MEETING SCHEDULE (CENTRAL AREA)

MCO	DATE	TIME	LOCATION
PHP	3/5/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)
PHP	6/4/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)
PHP	9/10/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)
PHP	12/14/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)

RURAL AREA MEETINGS

MCO	DATE	TIME	LOCATION
PHP	5/14/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)
PHP	7/16/2021	11:00 AM	Virtual Meeting – To Be Determined (TBD)

January 1, 2019 – December 31, 2023

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	3/24/2021	TBD	Virtual Meeting – To Be Determined (TBD)
PHP	5/26/2021	TBD	Virtual Meeting – To Be Determined (TBD)
PHP	9/22/2021	TBD	Virtual Meeting – To Be Determined (TBD)
PHP	12/8/2021	TBD	Virtual Meeting – To Be Determined (TBD)
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	TBD	TBD	Meetings On Hold
BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	3/9/2021	1:00 PM	Virtual Meeting – To Be Determined (TBD)
PHP	6/8/2021	1:00 PM	Virtual Meeting – To Be Determined (TBD)
PHP	9/22/2021	1:00 PM	Virtual Meeting – To Be Determined (TBD)
PHP	12/8/2021	1:00 PM	Virtual Meeting – To Be Determined (TBD)

WSCC 2021			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	2/11/2021	10:30 AM	Virtual
WSCC	5/11/2021	2:30 PM	Virtual
WSCC	8/05/2021	5:30 PM	Virtual
WSCC	10/14/2021	5:30 PM	Virtual
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	3/25/2021	10:30 AM	Virtual
WSCC	9/09/2021	2:30 PM	Virtual
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	2/10/2021	11:00 AM	Virtual
WSCC	5/13/2021	3:00 PM	Virtual
WSCC	8/11/2021	11:00 AM	Virtual
WSCC	11/10/2021	3:00 PM	Virtual
SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	8/05/2021	1:30 PM	Virtual (Included in the MAB Presentation)

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
WSCC	9/09/2021	2:00 PM	Virtual (Included in Statewide Presentation)

COMMUNITY ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
WSCC	4/15/2021	3:00 PM	Virtual

Quality Assurance

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 Q1 DY8 was held on March 17, 2021. HSD reviewed changes to Performance Measures made by NCQA. HSD provided the CY20 results for Follow-up After Hospitalization for Mental Illness (FUH)/Follow-up After Emergency Department Visit for Mental Illness (FUM) Monthly Monitoring and recognized the MCOs for exceeding the CY20 target by the Month 12 review. HSD provided clarification to changes for the state-specific questions for the CAHPS survey. Information on Tracking Measures was communicated to the MCOs. In addition, HSD presented status updates for the External Quality Review activities that occurred within CY20.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Centennial Care MCOs are required to submit the National Committee for Quality Assurance (NCQA) Consumer Assessment of Healthcare Providers and Systems (CAHPS) 5.1 Survey. The report is submitted annually by the MCOs in October and contains results from the prior year's responses for adults, children, and children with chronic conditions (CCC) surveys. The survey also includes NCQA approved state specific questions centered around Fall Risk Management and Care Coordination. The 2020 NCQA CAHPS 5.1 report containing calendar year 2019 results was reviewed with the MCOs at a previous quarterly quality meeting held during Q4 of DY7.

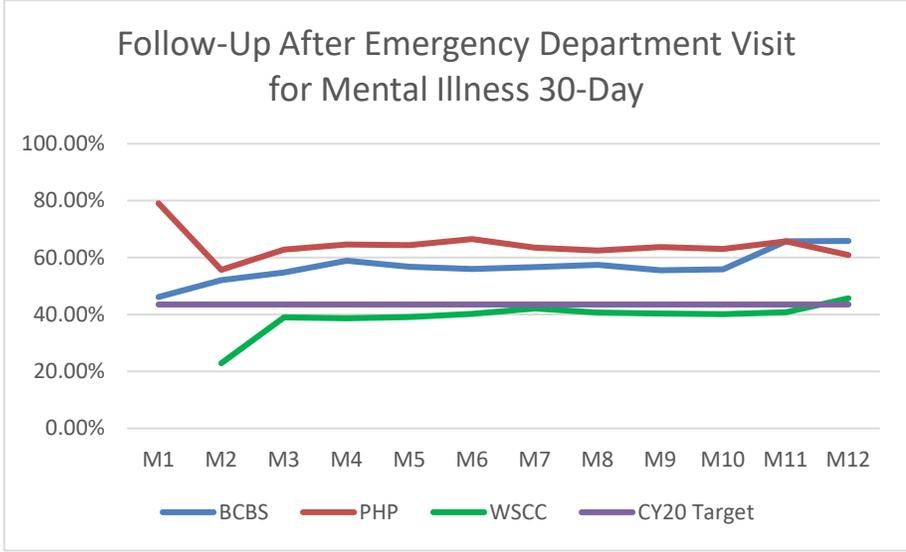
During the Quarterly Quality meeting for Q1 DY8 held on March 17, 2021, HSD reviewed with the MCOs the changes to the HSD-required supplemental questions for the 2021 survey. These changes include the removal of the four Fall Risk questions on the adult survey and the addition of 3 Care Coordination question on the child and CCC surveys.

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

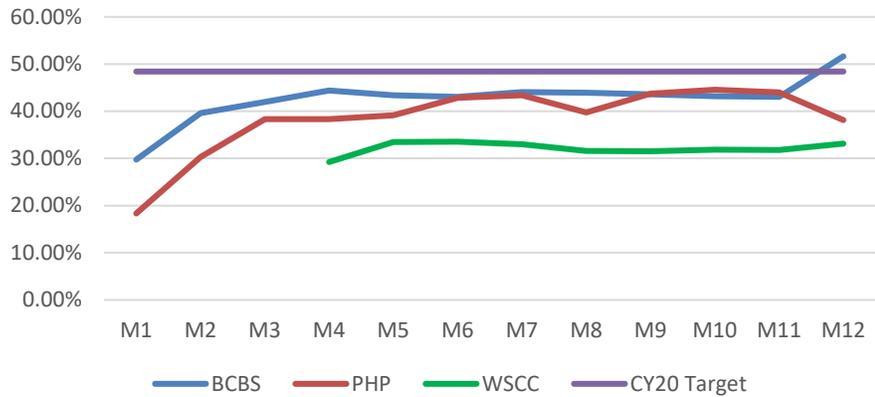
HEDIS rates from CY 2017 to CY 2018, for FUH and FUM with the legacy MCOs (BCBS and PHP). In August of DY7 and after a full year of participating in HEDIS reporting, HSD directed WSCC begin submissions on both measures. HSD provided the MCOs with directions and a monitoring tool to provide a monthly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

In Q1 of DY8 HSD reviewed and analyzed the reports submitted in Q4 (October, November, and December). The table below depicts monthly performance rates for the MCOs throughout DY7. DY8 Q1 data will be reported in the DY8 Q2 submission of the CMS report.



For DY7 the HSD target rate for FUM was 43.52 percentage points. Two of the three MCOs exceeded that target by M1 and maintained that rate throughout DY7. By M11 all three MCOs were at or above the HSD target rate. Throughout DY7 MCOs had the following average rates; BCBS 56.81 percentage points, PHP 64.36 percentage points and WSCC 39.06 percentage points (please note that WSCC did not report for M1 due to a data storage issue). HSD will continue to receive Monthly Monitoring Plans from all MCOs throughout DY8.

Follow-Up After Hospitalization for Mental Illness 30 Day



For DY7 the HSD target rate for FUH was 48.42 percentage points. One MCO was able to surpass the HSDs goal (BCBS) with a DY7 average rate of 42.63 percentage points. Throughout DY7 MCOs had the following average rates; PHP 38.40 percentage points and WSCC 29.99 percentage points (please note that WSCC did not report for M1 and M3 due to a data storage issue). HSD will continue to receive Monthly Monitoring Plans from all MCOs throughout DY8.

HSD noted the following strategies and interventions developed by the MCOs to advance the rates.

BCBS:

FUM: M1 46.15%; M12 65.84%: Increase of 19.69 percentage points from M1 to M12 of DY7.

FUH: M1 29.74%; M12 51.64%: Increase of 21.9 percentage points from M1 to M12 of DY7.

Strategies and Interventions- Facility Incentive Initiative is a targeted intervention that incentivizes three high-volume NM inpatient facilities, and this has improved their 30-day FUH rates over the measurement period. New Mexico Outpatient Provider Incentive is also a targeted intervention to incentivize outpatient behavioral health providers that visit with BCBS of New Mexico members within 30 days of discharge following an inpatient acute mental health discharge. BCBS Quality staff worked cohesively with Provider Network teams to resolve reporting issues and establish a uniform report to capture utilization of this initiative among providers.

PHP:

FUM: M1 79.07%; M12 60.87%: Decrease of 18.2 percentage points from M1 to M12 of DY7.

FUH: M1 18.33%; M12 38.14%: Increase of 19.81 percentage points from M1 to M12 of DY7.

Strategies and Interventions- Consultant Liaison Services targets the population seen within the ED to telemedicine psychiatry services withing seven PHS delivery system emergency departments. Pre-manage reports continued to be used in reviewing Critical Incident Reports for members seen in the ED for mental illness and assigned Care Coordinators completing follow-up outreach as indicated. The targeted populations for this intervention are members and Care Coordination staff. PHP continued using Value-Based Programs to incentivize outpatient providers to complete FUM follow-up appointments within 30 days of the member's ED visit. The targeted population for this intervention is outpatient physical health providers.

WSCC:

FUM: M2 22.86%; M12 45.70%: Increase of 22.84 percentage points from M2 to M12 of DY7.

Note: WSCC did not report M1 due to a data warehouse issue

FUH: M2 10.91%; M12 33.10%: Increase of 22.19 percentage points from M2 to M12 of DY7

Note: WSCC did not report M1 and M3 due to a data warehouse issue

Strategies and Interventions- WSCC signed a contract with Teambuilders Behavioral Health of Santa Fe to perform telehealth services with WSCC members within 7 days of discharge from an inpatient mental health stay. Teambuilders started outreach calls during early December. The WSCC BH Services team initiated education of discharge planners to create 2 referrals upon Acute Inpatient Psych discharges. This will assist in aftercare appointments for members. WSCC working with Teambuilders reports monthly referral and completion data which provides resources for BH Teams to ensure that compliant visits are properly documented in the data. In addition, focus on telemedicine metrics and expansion are in focus.

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 CY 18 MCO aggregated Audited HEDIS data, calculating an average increase for each CY until reaching the CY 18 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 will review and analyze 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 (W15)

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%; Q4 Total 52.02%: Increase of 0.38 percentage points from Q3 to Q4.

BCBS Q1 32.12%; Q2 45.41%; Q3 54.08%; Q4 56.79% Increase of 2.71 percentage points from Q3 to Q4.

Strategies and Interventions- Member outreach calls continued in Q4, encouraging, and assisting parent/guardian to schedule a well child visit. Special Beginnings Care Coordinators conducted telephonic calls utilizing a script explaining the Special Beginnings benefit that discusses what happens after delivery along with the importance of well child visits and childhood immunizations. BCBS's Community Outreach Team presented health education information on the importance of Well Child Visits at Member Advisory Board (MAB) and Native American Advisory Board (NAAB) meetings throughout 2020 PHP Q1 51.68%; Q2 52.61%; Q3 50.57%; Q4 49.20%: Decrease of 1.37 percentage points from Q3 to Q4

Strategies and Interventions- PHP continues to promote well-child visits and they have launched a new rewards program in 2021 to encourage members to get their children in for check-ups. Education is provided through **Early and Periodic Screening, Diagnostic and**

Treatment (EPSDT) mailings and all outreach to parents of children between 0 and 15 months on the importance of regular check-ups and immunizations.

WSCC Q1 20.41%; Q2 34.32%; Q3 44.68%; Q4 47.12%: Increase of 2.44 percentage points from Q3 to Q4

Strategies and Interventions- WSCC continues to meet frequently with high volume provider groups to encourage the completion of well-baby visits via telehealth. During Q4, WSCC continued direct outreach to members who had recently delivered a baby. During these calls, WSCC helps with setting up postpartum visits for the mother and pediatric visits for their recently delivered infant. Lastly, member families receive Centennial Rewards incentive points for completed well baby visits.

PM #2 (1 point) – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

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:

For this measure the National Committee for Quality Assurance (NCQA) offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2021. CY 2020 target is 48.52%.

MCO Aggregate: Q1 Total 3.04%; Q2 Total 3.47%; Q3 Total 4.17%; Q4 Total 5.05%: Increase of 0.88 percentage points from Q3 to Q4

BCBS Q1 4.42%; Q2 4.49%; Q3 5.58%; Q4 6.58%: Increase of 1.0 percentage point from Q3 to Q4

Strategies and Interventions- BCBS attributes the positive trending of data to interventions such as the Centennial Rewards Step-Up Challenge for members ages 10 and up, which encourages members to complete a 3-week or 9-week walking challenge, in order to earn credit for merchandise; several Blue For Your HealthSM member newsletter articles in 2020, and meetings with value based purchasing providers in 2020 offering gaps in care as well as encouraging supplemental data to be submitted for this measure.

	<p>PHP Q1 1.64%; Q2 2.08%; Q3 2.53%; Q4 3.47%: Increase of 0.94 percentage points from Q3 to Q4 Strategies and Interventions- PHP continued outreach activities in Q4 that included telephonic reminders for Well Child Visits, telehealth initiatives and assistance in arranging appointments for members. PHP reports physicians are providing enhanced documentation to meet the WCC requirements for compliance with NCQA.</p> <p>WSCC Q1 4.81%; Q2 6.49%; Q3 7.22%; Q4 7.62%: Increase of 0.40 percentage points from Q3 to Q4 Strategies and Interventions- WSCC continues working with Value Based Purchasing (VBP) providers to identify opportunities for including WCC-Physical Activity in supplemental data transfer files and to encourage enhanced administrative claims coding. Additionally, WSCC encourages providers to utilize telehealth services for families who prefer to avoid in-person visits.</p> <p>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%.</p> <p>MCO Aggregate: Q1 Total 68.80%; Q2 Total 68.64%; Q3 Total 68.54% Q4 Total 68.97%: Increase of 0.43 percentage points from Q3 to Q4</p> <p>BCBS Q1 58.22%; Q2 58.34%; Q3 58.03%; Q4 58.98%: Increase of 0.95 percentage points from Q3 to Q4 Strategies and Interventions- BCBS provides care coordination through their Special Beginnings Maternity Program, which screens and stratifies risk levels for their pregnant population. Additional member level interventions from 2020 were quarterly pregnancy-related articles in the member newsletter. BCBS continues to perform ongoing outreach to provider groups, identify gaps in care and providers’ trending of timeliness for prenatal care.</p>
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	<p>PHP Q1 77.33%; Q2 77.36%; Q3 77.34%; Q4 77.53%: Increase of 0.19 percentage points from Q3 to Q4</p> <p>Strategies and Interventions- PHP continues to work with providers and provider networks to increase scheduling of prenatal appointments in accordance with set guidelines and clinic capabilities. Baby Benefits is a free program for Centennial Care members that offers rewards for attending prenatal and post-natal appointments The Baby Bonus Rewards program was adjusted in September 2020 to allow for a larger reward for members getting the first prenatal visits within set guidelines.</p> <p>WSCC Q1 58.91%; Q2 58.50%; Q3 61.77%; Q4 61.28%: Decrease of 0.49 percentage points from Q3 to Q4.</p> <p>Strategies and Interventions- WSCC reports a positive impact of their Start Smart for your Baby (SSFB) program. The SSFB program provides educational resources to all participating members, and more intensive care coordination to women with identified high risk pregnancies. WSCC will be refining the process of identifying mothers-to-be via a notification of pregnancy (NOP) form, which has shown that members who participate in the program have improved HEDIS outcomes relative to non-participants. WSCC is currently discussing a Pregnancy Provider-focused pay-for-performance program for 2021 and are working to identify their highest volume prenatal care providers.</p> <p>PM #4 (1 point) – Prenatal and Postpartum Care (PPC)</p> <p>The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery: For this measure the National Committee for Quality Assurance (NCQA) offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2021.</p> <p>CY 2020 target is 63.35%.</p> <p>MCO Aggregate: Q1 Total 47.58%; Q2 Total 49.11%; Q3 Total 48.27%; Q4 Total 53.31%: Increase of 5.04 percentage points from Q3 to Q4</p>
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	<p>BCBS Q1 38.49%; Q2 43.01%; Q3 46.83%; Q4 51.21%: Increase of 4.38 percentage points from Q3 to Q4 Strategies and Interventions- BCBS continues to perform ongoing outreach to provider groups, identify gaps in care and providers' trending of timeliness for prenatal care. Additional member level interventions were quarterly articles in the member newsletter on the importance of attending the postpartum visit.</p> <p>PHP Q1 55.52%; Q2 55.06%; Q3 50.73%; Q4 56.21%: Increase of 5.48 percentage points from Q3 to Q4 Strategies and Interventions- PHP continues to enhance data collection through their Clinical Data Intergradation (CDI) project. This project works with provider groups to access electronic medical record (EMR) systems and obtain information pertinent to service reporting and evaluation. Lastly, in September 2020, PHP increased the reward amount for members in The Baby Bonus Rewards program for completing a timely postpartum visit.</p> <p>WSCC Q1 35.22%; Q2 38.37%; Q3 40.54%; Q4 45.22%: Increase of 4.68 percentage points from Q3 to Q4 Strategies and Interventions- WSCC continues to provide resources for member guidance during the prenatal and postpartum period, including Start Smart for Your Baby (SSFB), Families First, and Centennial Home Visiting programs. WSCC will be refining the process of identifying mothers-to-be via a notification of pregnancy (NOP) form, which has shown that members who participate in the program have improved HEDIS outcomes relative to non-participants. Lastly, WSCC is discussing a pregnancy provider-specific pay-for-performance program with Obstetrics providers.</p> <p>PM #5 (1 point) – Childhood Immunization Status (CIS): Combination 3</p> <p>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: For this measure the National Committee for Quality Assurance (NCQA) offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The</p>
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quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2021.

CY 2020 target is 68.01%.

MCO Aggregate: Q1 Total 33.65%; Q2 Total 40.90%; Q3 Total 45.35%; Q4 Total 46.50%: Increase of 1.15 percentage points from Q3 to Q4

BCBS Q1 21.47%; Q2 24.12%; Q3 25.11%; Q4 23.17%: Decrease of 1.94 percentage points from Q3 to Q4

Strategies and Interventions- BCBS continues to perform telephonic outreach to encourage parents/guardians of children 2 years of age complete Combo 3 Immunizations, while also helping schedule an appointment. BCBS continues to utilize their Indices database to identify gaps in care and providers' trending of the CIS measure, which is reviewed with providers quarterly.

PHP Q1 66.50%; Q2 64.86%; Q3 64.50%; Q4 62.81%: Decrease of 1.69 percentage points from Q3 to Q4

Strategies and Interventions- PHP is working with providers and other community groups on educational messaging to the community on importance of immunizations. PHP reports that they are reinforcing the immunization messaging at every opportunity via phone conversations, in person events, communications, etc. and are working on enhancements to year-round data collection to ensure that all immunizations are appropriately documented.

WSCC Q1 45.35%; Q2 51.07%; Q3 53.39%; Q4 54.75%: Increase of 1.36 percentage points from Q3 to Q4

Strategies and Interventions- WSCC continues to work closely with the Value Based Performance (VBP) providers to prioritize children under 24 months of age who are not up to date with visits or immunizations. As part of WSCC's Start Smart for Baby (SSFB) program, care coordinators assist members with selecting pediatricians or scheduling infant visits where necessary as well as provide education around infant well care. WSCC performs monthly data exchange with the NM Immunization Information System (NMSIIS) to ensure they have the most up-to-date immunization records for their members.

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%; Q4 Total 40.59%: Increase of 0.83 percentage points from Q3 to Q4

BCBS Q1 27.66%; Q2 33.42%; Q3 38.55%; Q4 39.65%: Increase of 1.1 percentage points from Q3 to Q4

Strategies and Interventions- BCBS reports care coordination has continued to outreach members to ensure that they refill their antidepressant medication. BCBS's pharmacy department has continued to provide reports on missed refills and rejected prescriptions so care coordinators can better target their outreach calls. Pharmacy staff continue to be available to members who have questions regarding their antidepressant medication prescriptions.

PHP Q1 41.24%; Q2 41.28%; Q3 41.65%; Q4 41.99%: Increase of 0.34 percentage points from Q3 to Q4

Strategies and Interventions- PHP reports that outreach to members with a depression diagnosis continued in Q4, by providing education and reminders of the importance of compliance with medication. Performance improvement activities aimed at improving antidepressant medication compliance included continuation of member gift cards for prescription fills and refills, active outreach and partnering with providers around depression treatment modalities.

WSCC Q1 24.90%; Q2 31.37%; Q3 35.96%; Q4 36.23%: Increase of 0.27 percentage points from Q3 to Q4

Strategies and Interventions- WSCC reported they began developing additional interventions for 2021 that addresses areas requiring additional data or infrastructure built out. Among the interventions that were developed and implemented in Q4, WSCC utilized an updated data platform that has a nightly refresh process rather than the monthly refresh process. The benefit of the nightly refresh is that members will be placed into the denominator quicker; therefore, intervention would be available sooner. Additionally, the myStrength

disease management program encourages members to develop improved long-term management and engagement of care. Lastly, WSCC's outreach to pharmacies continued in Q4 to ensure members had sufficient refills remaining for the continuation phase.

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%; Q4 Total 49.29%: Increase of 1.59 percentage points from Q3 to Q4

BCBS Q1 39.30%; Q2 40.63%; Q3 41.57%; Q4 43.60%: Increase of 2.03 percentage points from Q3 to Q4

Strategies and Interventions- PHP reports that continuation of successful initiatives may have positively impacted the rates for this measure. For Q4 2020, the Reserved Appointment Initiative continued, along with Recovery Support Assistant (RSA) staff utilizing the EDIE© System to continue to outreach members telephonically to assist them with scheduling follow-up appointments.

PHP Q1 55.37%; Q2 54.29%; Q3 52.57%; Q4 54.20%: Increase of 1.63 percentage points from Q3 to Q4

Strategies and Interventions- The following interventions aimed at improving IET performance occurred in CY 2020: Value Based Programs (VBP) included provider incentives for IET performance, both in the Behavioral Health Quality Incentive Program (BQIP) and the Provider Quality Incentive Program (PQIP). In CY 2020, there were 26 outpatient BH providers participating in the program and active recruitment of new BH providers into this program was postponed until 2021 due to COVID-19. PQIP outpatient physical health providers are offered financial incentives as they document service provision to applicable members.

WSCC Q1 43.65%; Q2 43.47%; Q3 43.15%; Q4 43.24%: Increase of 0.09 percentage points from Q3 to Q4

Strategies and Interventions- The IET team at WSCC plans to increase efficiency of existing outreach processes. One action taken in

Q4 for early 2021 is the search for an improved method of identifying members in the IET denominator in a way that they can be consistently identified and referred to follow-up within the 14-day window. WSCC is looking at improving partnerships for follow-up with the goal of increasing timely identification of members and reducing the amount of time needed to get a member into a follow-up appointment and both in-person and telehealth opportunities are being evaluated.

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%; Q4 Total 46.52%: Increase of 3.87 percentage points from Q3 to Q4

BCBS Q1 41.94%; Q2 43.07%; Q3 43.59%; Q4 51.64%: Increase of 8.05 percentage points from Q3 to Q4

Strategies and Interventions- BCBS reports that their current interventions have likely continued to positively impact the rates for this measure. Strategies include continued provider education, an FUH tip sheet and an outpatient incentive program. Additionally, the Reserved Appointments Initiative, the Outpatient Incentive Program and the Facility Incentive Program continued through Q4 2020.

PHP Q1 50.17%; Q2 46.35%; Q3 44.49%; Q4 45.09%: Increase of 0.60 percentage points from Q3 to Q4

Strategies and Interventions- PHP's Value Based Purchasing (VBP) programs were designed to impact FUH follow-up rates from an inpatient and outpatient perspective. The Model Facility Incentive Program (MFIP) was designed to improve FUH follow-up appointment compliance within 7 calendar days and decrease hospital readmissions, both of which are factors that impact the FUH 30-day performance measure. BQIP (BH Quality Incentive Program) providers are offered financial incentives for completing 7-day FUH appointments (which are counted towards the 30-day performance measure) while PQIP (Provider Quality Incentive Program) providers

	<p>are offered financial incentives for each member who completes a 30-day FUH appointment with a BH provider. Member initiatives included routine inpatient Care Coordination (IPCC) activities in which members who were hospitalized were contacted and helped with Care Coordination services, including discharge planning activities.</p> <p>WSCC Q1 29.23%; Q2 33.16%; Q3 32.02%; Q4 33.24%: Increase of 1.22 percentage points from Q3 to Q4 Strategies and Interventions- WSCC has several interventions in place for FUH such as, member outreach and provider-facing pay for performance arrangements. Additionally, WSCC BH liaisons assist with appointments and assessing 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. WSCC reports performance is expected to improve dramatically in 2021 due to ongoing efforts into telehealth, multi-departmental collaboration, and data systems improvements.</p> <p>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%.</p> <p>MCO Aggregate: Q1 Total 60.03%; Q2 Total 61.09%; Q3 Total 59.80%; Q4 Total 61.34%: Increase of 1.54 percentage points from Q3 to Q4</p> <p>BCBS Q1 54.75%; Q2 56.04%; Q3 55.56%; Q4 59.28%: Increase of 3.72 percentage points from Q3 to Q4 Strategies and Interventions- Recovery Support Assistant (RSA) and Transition of Care (TOC) staff continued to outreach members telephonically rather than in-person in Q4 2020 due to COVID-19 restrictions and barriers. The continued outreach and assistance with scheduling follow-up appointments likely had a positive impact on the rates for this measure.</p> <p>PHP Q1 68.86%; Q2 67.93%; Q3 65.86%; Q4 65.84%: Decrease of 0.02 percentage points from Q3 to Q4</p>
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	<p>Strategies and Interventions- PHP had many interventions/initiatives that were designed to improve FUM follow-up rates. PHP's Value Based Purchasing (VBP) PQIP (Provider Quality Incentive Program) programs added an FUM performance metric in CY 2020 to increase completion of FUM follow-up appointments. PQIP providers were offered financial incentives for each member who completes a 30-day FUM appointment. An FUM call campaign was implemented in CY 2020 in which the PHP Pre-Manage system was used to conduct outreach with members recently seen in the ED for mental illness. Member initiatives included routine Care Coordination activities in which members who were seen in an ED were contacted and offered Care Coordination services, including follow-up appointment scheduling assistance.</p> <p>WSSC Q1 38.98%; Q2 40.28%; Q3 40.70%; Q4 40.83%: Increase of 0.13 percentage points from Q3 to Q4</p> <p>Strategies and Interventions- WSSC continues to perform outreach to members identified as falling into and around FUM via a daily ED query. Outreach started in late August 2020 and has generally increased in the number of unique members reached month-over-month. For 2021 the WSSC FUM team will be evaluating tools that may be used to develop a more real-time picture of events and follow-up actions.</p> <p>PM #10 (1 point) – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</p> <p>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%.</p> <p>MCO Aggregate: Q1 Total 46.02%; Q2 Total 57.57%; Q3 Total 67.21% Q4 Total 74.59%: Increase of 7.38 percentage points from Q3 to Q4</p> <p>BCBS Q1 45.12%; Q2 57.42%; Q3 66.71%; Q4 74.99%: Increase of 8.28 percentage points from Q3 to Q4</p> <p>Strategies and Interventions- Outreach efforts implemented in Q4 2020 to further impact the rate for this measure were, care coordination continued outreach calls to members reminding them to</p>
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follow-up with their provider for diabetes screening. Care coordinators also offer to send members an in-home diabetes test kit to assist members who were unable to follow-up with their provider due to barriers related to COVID-19.

PHP Q1 47.12%; Q2 57.78%; Q3 68.06%; Q4 74.70%: Increase of 6.64 percentage points from Q3 to Q4

Strategies and Interventions- PHP's Value Based Purchasing (VBP) PQIP (Provider Quality Incentive Program) program added an SSD performance metric in CY 2020 to increase completion of SSD metabolic testing. PQIP providers were offered financial incentives for each member who completed the recommended laboratory tests. PHP used SSD gap in care lists to mail provider educational outreach letters to prescribers within the measure. Finally, education on all BH HEDIS metrics, including SSD, was delivered to all internal Care Coordination and delegation teams.

WSCC Q1 42.15%; Q2 56.89%; Q3 64.08%; Q4 71.83%: Increase of 7.75 percentage points from Q3 to Q4

Strategies and Interventions- During Q4 2020, the WSCC Pharmacy team sent educational reminders to prescribing providers for members non-compliant for diabetes screening. Quality outreach nurses and Care Coordinators regularly monitor member gaps in care and discuss the importance of obtaining lab work with members. WSCC also completes monthly Psychotropic Medication Utilization Review (PMUR) for child and adult members prescribed this medication type.

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 findings are communicated to the MCOs through scheduled MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meetings. The following TMs show results for DY7 Q4 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

	<p>the past 12 months and who received fall risk intervention from their current practitioner.</p> <p>MCO Aggregate: Q1 Total 25.69%; Q2 Total 25.15%; Q3 Total 23.89%; Q4 Total 23.85%: Decrease of -0.04 percentage points from Q3 to Q4.</p> <p>BCBS: Q1 29.29%; Q2 28.05%; Q3 25.89%; Q4 26.38%: Increase of 0.49 percentage points from Q3 to Q4.</p> <p>Intervention – Finalizing a Value Based Contract with a personal care agency, so BCBS will partner with them to intervene with high-risk members enrolled with the agency.</p> <p>PHP Q1 24.64%; Q2 24.50%; Q3 23.80%; Q4 23.93%: Increase of 0.13 percentage points from Q3 to Q4.</p> <p>Intervention - Care Coordinators conduct telephonic assessments of fall risk due to the impact of COVID-19 on in-home assessments.</p> <p>WSCC Q1 19.44%; Q2 18.34%; Q3 16.51%; Q4 13.99%: Decrease of -2.52 percentage points from Q3 to Q4.</p> <p>Intervention – Partner with the City of Albuquerque Senior Affairs, the NM Falls Prevention Coalition, and the Albuquerque Area Southwest Tribal Epidemiology Center, allowing WSCC to build a network of resources and programs to assist Members to reduce the risk of falls.</p> <p>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.</p> <p>MCO Aggregate: Q1 Total 20.02; Q2 Total 20.11; Q3 Total 17.55; Q4 Total 18.31: Increase of -0.76 from Q3 to Q4.</p> <p>BCBS Q1 27.40; Q2 26.75; Q3 22.65; Q4 24.00: Increase of 1.35 from Q3 to Q4.</p> <p>Intervention – Continue to notify contracted providers regarding their patients diagnosed with diabetes and STCA admissions.</p> <p>PHP Q1 16.02; Q2 16.35; Q3 14.37; Q4 14.80: Increase of 0.43 from Q3 to Q4.</p> <p>Intervention – Increased utilization of telehealth and telephonic visits by both members and providers allows for easier access to address diabetic changes earlier and thus avoiding hospitalizations.</p>
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	<p>WSSC Q1 14.77; Q2 16.07; Q3 15.93; Q4 16.15: Increase of 0.22 from Q3 to Q4 Intervention – Initiated nurse and care coordination follow-up and documented transitions of care plans with Members who have experienced admission for diabetic complications, to ensure they have the resources to manage their diabetes.</p> <p>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%; Q4 Total 0.80%: Improvement of 0.09 percentage points from Q3 to Q4.</p> <p>BCBS Q1 0.70%; Q2 0.71%; Q3 0.49%; Q4 0.60%: Improvement of 0.11 percentage points from Q3 to Q4. Intervention – Provider education including presentations on screening and billing.</p> <p>PHP Q1 0.60%; Q2 0.72%; Q3 0.84%; Q4 0.93%: Improvement of 0.09 percentage points from Q3 to Q4. Intervention – Provider education and both Member and provider newsletters containing articles that pertain to depression screening and the relationship between depression and COVID.</p> <p>WSSC Q1 0.48%; Q2 0.54%; Q3 0.64%; Q4 0.66%: Improvement of 0.02 percentage points from Q3 to Q4. Intervention – Continue to implement provider education regarding documenting and coding of depression screening to better collect the data.</p> <p>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%; Q4 Total 51.54%: Decrease of -12.50 percentage points from Q3 to Q4.</p>
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	<p>BCBS Q1 47.35%; Q2 48.64%; Q3 48.23%; Q4 48.26%: Improvement of 0.03 percentage points from Q3 to Q4. Intervention – The Outpatient Incentive Program rewards providers having appointments with Members within 7 days of the hospital discharge.</p> <p>PHP Q1 84.05%; Q2 84.94%; Q3 82.97%; Q4 56.61%: Decrease of -26.36 percentage points from Q3 to Q4. Intervention – Identifying best practices to utilize telehealth and digital platforms as a venue for timelier and more accessible member engagement.</p> <p>WSCC Q1 36.89%; Q2 36.23%; Q3 36.68%; Q4 35.82%: Decrease of -0.86 percentage points from Q3 to Q4. Intervention – The Teambuilders’ contract was finalized on 11/1/2020. This contract will specifically focus on follow-up for patients in the FUH population.</p> <p>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%; Q4 Total 71.77%: Improvement of 0.72 percentage points from Q3 to Q4.</p> <p>BCBS Q1 53.96%; Q2 54.72%; Q3 57.34%; Q4 56.03%: Decrease of -1.31 percentage points from Q3 to Q4. Intervention – The Community Health Workers’ (CHW) tool is utilized by CHW staff includes encourages parent/guardians of adolescents to complete Immunizations.</p> <p>PHP Q1 80.79%; Q2 80.92%; Q3 79.78%; Q4 79.01%: Decrease of -0.77 percentage points from Q3 to Q4. Intervention – Continue educational campaigns directed towards adolescents and their parents as well as partnerships with agencies doing immunization activities.</p> <p>WSCC Q1 69.94%; Q2 70.50%; Q3 73.85%; Q4 71.77%: Decrease of -2.08 percentage points from Q3 to Q4.</p>
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Intervention – Planning a member outreach campaign to families whose teens are lagging in their IMA immunizations, which may include a social media campaign and a mail, telephone, or text campaign.

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; Q2 Total 1,308; Q3 Total 1,878; Q4 Total 2,541.

BCBS Q1 271; Q2 454; Q3 657; Q4 882
PHP Q1 463; Q2 747; Q3 1,070; Q4 1,411
WSSC Q1 66; Q2 107; Q3 151; Q4 248

TM #7-Smoking Cessation: The Contractor 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; Q4 Total 9,928.

BCBS Q1 1,335; Q2 2,114; Q3 2,800; Q4 3,588

Intervention – Eliminated barriers to treatment by providing all tobacco cessation products without a prior authorization and by removing the day supply limits on tobacco cessation products.

PHP Q1 2,199; Q2 3,272; Q3 4,467; Q4 5,501

Intervention – Increase in staff training on smoking cessation benefits and resources for members and re-introduction of updated Clickotine app via care coordination and social media.

WSSC Q1 289; Q2 456; Q3 671; Q4 839

Intervention – Preparing a social media campaign to bring awareness to Members of the free Tobacco Cessation program, which includes pharmaceutical therapies, individual health coaching, and group counseling services for all Members aged 12 years and above.

TM #8-Ambulatory Care: Utilization of outpatient visits and

	<p>emergency department visits reported by all Member months for the measurement year. Reported as a rate per 1,000 Member months. <i>Outpatient Visits</i> – MCO Aggregate Q1 Total 83.39; Q2 Total 142.66; Q3 Total 213.34; Q4 Total 276.79. Improvement of 63.45 from Q3 to Q4.</p> <p>BCBS Q1 86.41; Q2 146.72; Q3 223.92; Q4 306.70: Improvement of 82.78 from Q3 to Q4. Intervention – 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.</p> <p>PHP Q1 81.98; Q2 142.94; Q3 212.15; Q4 269.33: Improvement of 57.18 from Q3 to Q4. Intervention – Continue to work with providers and members to ensure that Members obtain needed services at the right time and at the right location.</p> <p>WSCC Q1 80.55; Q2 125.26; Q3 167.46; Q4 210.28: Improvement of 42.82 from Q3 to Q4. Intervention – Increased collaboration with PCMH network and Value Based Purchasing (VBP) providers to focus on increasing well visits and improved chronic care management.</p> <p><i>ED Visits</i> – MCO Aggregate Q1 Total 12.03; Q2 Total 19.67; Q3 Total 28.40; Q4 Total 35.96. Increase of 7.56 from Q3 to Q4.</p> <p>BCBS Q1 11.99; Q2 19.56; Q3 28.76; Q4 38.11: Increase of 9.35 from Q3 to Q4. Intervention – An Emergency Department Information Exchange (EDIE) report is generated when a member accesses the ER and allows community health workers to quickly engage members prior to discharge and assist in identifying barriers and encourage care coordination.</p> <p>PHP Q1 11.75; Q2 19.55; Q3 28.03; Q4 34.98: Improvement of 6.95 from Q3 to Q4. Intervention – The release of vaccines to protect individuals from Covid-19.</p> <p>WSCC Q1 13.91; Q2 20.68; Q3 27.48; Q4 33.68: Increase of 6.20 from Q3 to Q4. Intervention –The Member Connections team reaches out to members</p>
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who have 4 or more ED visits in the last 30 days. Additionally, WSCC is working to prevent avoidable (low acuity) ED visits, follow up for members with BH ED visits, and contacting Emerging High Utilizers (2 or more ED visits in 30 days).

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.

MCO Aggregate Q1 Total 21.49%; Q2 Total 33.55%; Q3 Total 43.92%; Q4 Total 52.66%: Improvement of 8.74 percentage points from Q3 to Q4.

BCBS Q1 15.56%; Q2 33.35%; Q3 45.10%; Q4 55.22%: Improvement of 10.12 percentage points from Q3 to Q4.

Intervention – Community Health Workers’ tool: provides dental health education and encourages members to complete a dental visit.

PHP Q1 24.47%; Q2 33.85%; Q3 43.90%; Q4 52.17%: Improvement of 8.27 percentage points from Q3 to Q4.

Intervention – Information on importance of dental care is contained within EPSDT and other mailings as well as addressed during member outreach calls across PHP.

WSCC Q1 24.07%; Q2 32.48%; Q3 39.90%; Q4 46.62%: Improvement of 6.72 percentage points from Q3 to Q4.

Intervention – The Proactive Outreach Management tool was deployed and was used to initiate contact with approximately 8,000 Members for an annual dental visit who had yet to receive a visit this year.

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 Q2 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.

	<p>EQRO reviews and validations in Q4 consisted of the following:</p> <p>CY20 reviews and validations:2018 PIPs review- Finalized and posted to the HSD Website March 5, 2021</p> <p>2018 Compliance review- Final Draft report is under review by HSD leadership</p> <p>2019 PM validation- Initial 2019 PMs validation report draft is in review by HSD leadership</p> <p>2019 Network Adequacy validation- Initial 2019 Network Adequacy validation report draft submitted to HSD January 17, 2021</p> <p>2019 Compliance review- Initial 2019 Compliance validation report draft submitted to HSD January 14, 2021</p> <p>2021 Information Systems Capability Assessment (ISCA)- the ISCA was conducted in February for all MCOs.</p>
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Utilization

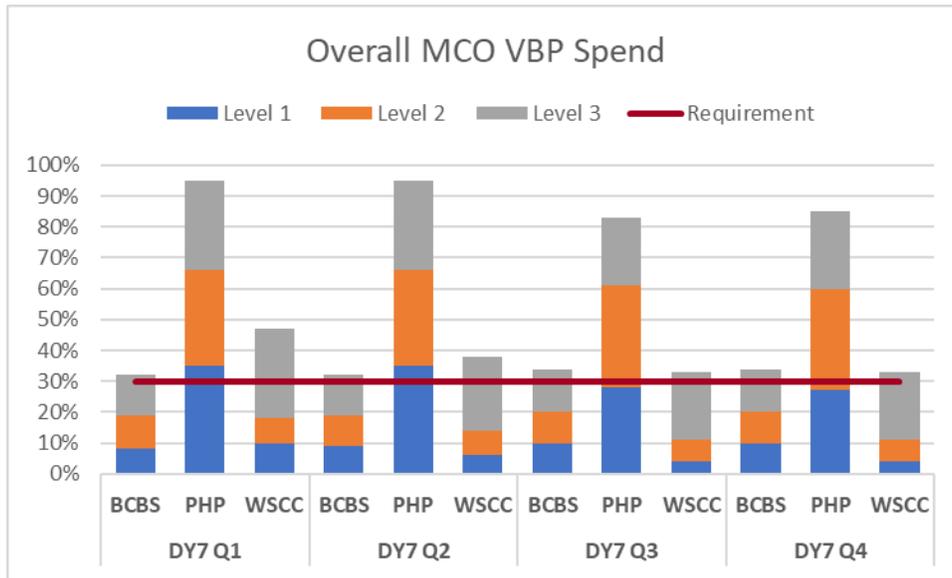
Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for January 2019 through December 2020. Please see Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group.

Value Based Purchasing

To support Centennial Care 2.0’s value-based purchasing goals, HSD requires the MCOs to implement a Value Based Purchasing program that is based upon improved quality and/or Member healthcare outcomes. To accomplish this the MCO must meet minimum targets for three levels of **VBP** arrangements. Minimum targets are set to both a required spend as a percentage of paid claims and required contracts with certain provider types. DY7 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required Spend	11%	13%	7%
Required Provider Types	<ul style="list-style-type: none"> • Traditional PH Providers with at least 2 small Providers. • BH Providers (whose primary services are BH). • Long-Term Care Providers including nursing facilities. 	<ul style="list-style-type: none"> • Traditional PH Providers with at least 2 small Providers. • BH Providers (whose primary services are BH). • Actively build readiness for Long-Term Care Providers including nursing facilities. 	<ul style="list-style-type: none"> • Traditional PH Providers. • Develop BH full-risk contracting model • Implement a CONTRACTOR led Long-Term Care Providers including nursing facilities provider level workgroup to design full-risk model

For DY7 Q4, all of the MCOs have already met or exceeded the required VBP spend target of 30%.



Source: CY20 Q4 MCO VBP Reports

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 NM each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60% within the next five years.

BCBS's Transition of Care (TOC) team has decreased avoidable ED utilization by continuing to monitor member utilization of emergency visits. Throughout 2020, the TOC team continued to provide education about the importance of primary care, assisting with appointment scheduling, and following up with patients to monitor and address additional barriers. Additionally, the Emergency Department Information Exchange (EDIE) is a tool used by Community Health Workers (CHW) to monitor members utilizing the emergency room. An EDIE report is generated when a member accesses the ER. If a member is hospitalized, an alert will generate, and care coordination can then assess potential gaps in a member's specialized service.

PHP continues to encourage members to obtain needed services at the appropriate level of care. Discussions include safety precautions in place, importance of not delaying care (including preventive activities such as screenings and immunizations), and alternative service availability such as telehealth options.

WSCC collaborates with their PCMH network and Value Based Purchasing (VBP) providers to focus on increased well visits and improved chronic care management in an effort to reduce

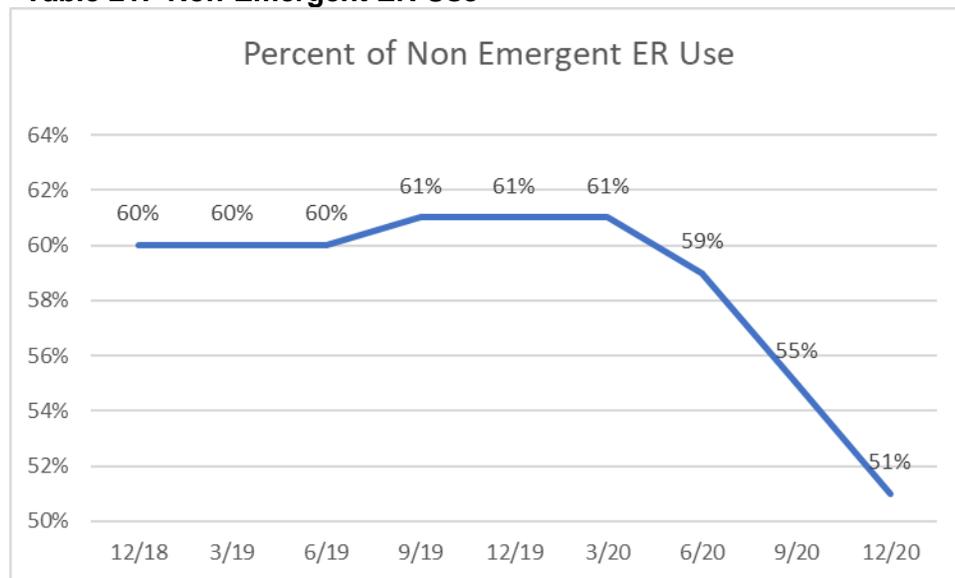
January 1, 2019 – December 31, 2023

preventable ED visits. Members in Care Coordination receive routine monthly or quarterly follow-up, and extra touchpoints if a member uses the ED or is inpatient. WSCC's Member Connections (MC) Team continues to reach out to members receiving two (2) or more ED visits deemed non-emergent within a 30-day timeframe to encourage these members to seek care through their primary care physician or urgent care. In addition, the BH-focused MC team reaches out to members who have 4 or more ED visits in the last 30 days, or who have had a mental health or substance-abuse ED event, to address care needs and Social Determinants of Health, such as housing and food assistance. Prior to COVID, the MC team did face-to-face visits with members, this has been shifted to telephonic. Additionally, WSCC is developing data strategies to better track members in the ED Diversion cohort. WSCC is in the planning stages of a texting campaign to reduce ED visits, which is scheduled to roll out in 2021.

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 utilization that are considered low acuity significantly improved from DY7 Q3 to DY7 Q4. In comparing visits from December of 2019 with 61% visits to December of 2020 with 51% of emergency visits being low acuity, the percentage of visits to the emergency department for non-emergent care decreased by ten percentage points. The trend for this measure improved in DY7 Q4.

The table below reflects the percentage of members using the emergency room (ER) for non-emergent care between December of 2018 and December of 2020. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership. The data for DY Q1 of 2021 will be received April 25, 2021.

Table 21: Non-Emergent ER Use



Source: Mercer- Non-Emergent Emergency Room Utilization Report

January 1, 2019 – December 31, 2023

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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 October 1, 2020 to December 31st, 2020.

Physical Health and Hospitals

All three MCOs demonstrated steady access with slight fluctuations during this quarter.

- 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.

Table 22: Physical Health Geographical Access

Geo Access PH Calendar Year 2020 (October 1st- December 31st, 2020)

PH - Standard 1	Meets Standard						Does Not Meet		
	Urban			Rural			Frontier		
	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	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%	93.5%	99.4%	97.2%	92.4%	99.8%
PH - Standard 2									
Cardiology	99.2%	99.0%	99.0%	99.7%	100.0%	100.0%	99.8%	99.9%	99.7%
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%	93.4%	99.8%	98.5%	97.9%
Dermatology	99.1%	98.8%	98.9%	66.6%	72.8%	86.8%	81.1%	89.4%	97.8%
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinology	99.1%	98.8%	98.9%	61.5%	72.6%	90.0%	84.6%	94.2%	92.5%
ENT	99.1%	98.8%	98.9%	82.2%	92.8%	100.0%	92.2%	87.0%	95.7%
FQHC	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/Oncology	99.1%	98.9%	98.9%	99.6%	94.4%	98.5%	99.4%	97.9%	88.9%
Neurology	99.1%	98.8%	98.9%	99.3%	92.4%	92.0%	95.5%	90.8%	94.4%
Neurosurgeons	99.0%	98.8%	98.9%	36.6%	69.5%	40.5%	67.6%	87.2%	81.3%
OB/Gyn	99.2%	98.9%	98.9%	99.7%	99.7%	99.9%	99.8%	99.8%	99.7%
Orthopedics	99.1%	98.9%	98.9%	99.7%	100.0%	100.0%	96.5%	98.6%	99.7%
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	99.2%	98.9%	99.0%	99.8%	99.8%	94.0%	99.8%	99.9%	100.0%
Rheumatology	87.8%	98.8%	83.2%	89.0%	83.4%	70.8%	88.3%	85.2%	73.7%
Surgeons	99.2%	98.9%	99.0%	99.9%	100.0%	100.0%	99.8%	99.9%	99.7%
Urology	99.1%	98.8%	98.9%	86.3%	86.8%	84.1%	94.6%	93.0%	95.6%
LTC/OTHER - Standard 2									
Personal Care Service Agencies (PCS)	100.0%	100.0%	100.0%	100.0%	99.8%	99.8%	100.0%	100.0%	100.0%
Nursing Facilities	94.8%	92.8%	99.3%	99.7%	99.1%	99.8%	99.8%	99.9%	99.7%
General Hospitals	99.1%	98.9%	98.9%	99.7%	99.3%	99.9%	99.8%	99.9%	99.7%
Transportation	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: MCO Report #55 GeoAccess for Q4CY20

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.

- **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. PHP resolved a lack of wheelchair accessible transportation options as a barrier to member access with the termination of its transportation provider and contracting with a new provider. See section 9 of DY7Q2 for improvement plans regarding these barriers and provider issues.
- **Initiatives:** CMS approved an Air Ambulance reimbursement rate increase to 75% of Medicare rate. The initiative was approved via State Plan Amendment 20-0020 with an effective date of November 15, 2020

CUSTOMER SERVICE REPORTING

BCBS met all Call Center Metrics during DY8 Q1. See Attachment D – 2021 Call Center Metrics

PHP met all Call Center Metrics during the first quarter DY8 Q1.

WSCC met all Call Center Metrics during DY8 Q1 with one exception: the percentage of calls in March that were answered within 30 seconds was 84.3%, slightly below the standard of 85%. WSCC attributed the deficiency to a significant increase in call volume coupled with a reduction in staffing (2 FTE). WSCC has a new hire training class beginning in April 2021. HSD will continue to monitor.

TELEMEDICINE DELIVERY SYSTEM IMPROVEMENT PERFORMANCE TARGET (DSIPT)

The MCOs shall use the end of CY19 as the baseline for CY 20, increasing the number of unique members served with a telemedicine visit by twenty percent for both physical health and behavioral health specialists, focusing on improving telemedicine availability and utilization along with expanding member education and provider support.

The baseline for each upcoming CY will be the total number of unique members with a telemedicine visit at the end of the previous calendar year. If the MCO achieves a minimum of five percent of total membership with telemedicine visits, as of November 30th of each year, then they must maintain that same five percent at the end of each CY to meet this target. The MCOs provide quarterly reports to HSD with the number of unique members served through telemedicine visits and an analysis of trends observed.

All 3 MCO met the minimum of five percent of total membership with telemedicine visits for CY20. Telemedicine utilization has increased in all areas from October 1, 2020 to December 31st, 2020 and is playing a vital role in providing health care services statewide. See Table 23: Unduplicated Members Served with Telemedicine; for members served year to date.

Table 23: Unduplicated Members Served with Telemedicine

Total Unduplicated Members Served with Telemedicine (October 1 st - December 2020)				
MCO	Q4CY20 New Behavioral Health Members	Q4CY20 New Physical Health Members	Q4CY20 Total New Unduplicated Members	CY20 YTD* Unduplicated Members
BCBS	3,479	12,037	12,580	82,809
PHP	4,429	1,969	5,529	42,562
WSCC	1,296	2,650	3,240	15,986
	Total: 9204	Total: 16,656	Total: 21,349	Total: 141,357

Source: Telemedicine Delivery System Improvement Performance Target (DSIPT)

*January – December 2020

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DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
	<p>Procurement of an Independent Evaluator for the 1115 Demonstration Waiver</p> <p>On February 4, 2021 HSD contracted with Health Services Advisory Group, Inc. (HSAG) to conduct the independent evaluation of the Centennial Care 2.0 1115 waiver evaluation. HSD and HSAG began weekly touchpoint calls February 25, 2021 and have worked together to; establish project work plans detailing the major evaluation deliverables and their associated tasks, responsible parties, and submission due dates.</p> <p>HSD and HSAG conducted a measure-by-measure review of each data source, frequency of data access, measure reporting frequency and time periods for the evaluation; and determined data acquisition systems and requirements for data sources.</p>

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ENCLOSURES/ATTACHMENTS

Attachment A: April 2018 – March 2020 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet – Pending Pao

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: BCBS Community Outreach conducted outreach and resource donations to make a sustainable impact in every community they serve.

Starting in late January, the BCBS Community Outreach team launched the statewide 1,000 Thanks project to show appreciation for New Mexico's schools, health agencies and community organizations for continuing to serve their communities during the COVID-19 public health emergency. The project delivered thank you notes, coloring books, and other items to more than 1,000 individuals and health care providers. More than 45,000 coloring books and 17,000 laminated healthy eating placemats were delivered to schools throughout New Mexico. Furniture, audio equipment, DVD players and television donations, valued at more than \$121,000, were delivered to agencies and schools throughout New Mexico to help refresh items in classrooms, resource, and office rooms.

PHP: Population Health Management-Wellness and Health Education Enhancement

The Population Health Management-Wellness and Health Education enhancement includes the deployment of an enhanced Diabetes Prevention Program (DPP) eligibility file to identify members for program outreach and referrals. The enhancements include expanded identification parameters to secondary and tertiary diagnosis fields for pre-diabetes diagnosis, pre-diabetes lab values, and elevated Body Mass Index (BMI) classification; and removed occurrences of members who were currently pregnant or have any history of a confirmed diabetes diagnosis. PHP is monitoring the effects of this update, which is demonstrating early favorable findings. The DPP is reporting a significant increase in Member direct sign-ups as a result. The population who engages in direct sign-up has demonstrated the highest engagement and retention rate.

WSCC: Telehealth for BH follow-up after Acute Inpatient Psychiatric discharges

The WSCC contract with Teambuilders Behavioral Health of Santa Fe was created to perform telehealth assessment services with WSCC members within seven days of

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discharge from an inpatient mental health stay. The program also includes the WSCC BH Services team, which provides education to discharge planners to create referrals upon Acute Inpatient Psych discharges for a Teambuilders BH assessment, and aftercare provider appointment(s). During January-February 2021, Teambuilders completed follow-up assessments for 81% of referrals after inpatient discharge. WSCC expects referral increases as the intervention becomes accepted practice with discharge providers. A major development for the program beginning in March 2021 was the signing of a contract between Teambuilders and WSCC to complete assessments for members that experience a mental health-related emergency room visit.

MEMBER SUCCESS STORIES

A BCBS member has been engaged with a BHCC (Behavioral Health Care Coordinator) through Care Coordination since 2017, at the time of the initial CNA member reported her most basic needs having not been met. Member needed plumbing, water, a toilet, and heating, and struggled to keep things in good repair. Her adult son, who is disabled and, in a wheelchair, lives nearby, and she would use his water etc., when going to check on him. She was unemployed and struggling significantly with mental health diagnoses.

Through progression of time and community resources, member now has water, electricity, and heating. The member has historically struggled with debilitating anxiety, depression, and PTSD after the traumatic loss of her other son. She attempted to apply for disability, but she was denied several times as were her appeals. Member has been seeing a counselor weekly and says that this service has helped her tremendously. She has obtained skills for navigating her depression, anxiety, anger, and PTSD and communicates much better with others. BHCC noted observing a significant difference in her outlook, her mindset, and her thinking processes. She is now working part-time and has been able to start building credit. She was able to get her vehicle fixed, registered and insured so she now has reliable transportation. She enjoys spending time reading books, watching movies, and seeing her grandson when she can. We are still working on some of her physical health needs, but she can start focusing on that more now that her other needs are being met and addressed continuously.

The member has made great strides in her life. BHCC has been able to connect her to some resources and she has done all the follow-through. She is always engaged with Care Coordination and is open and honest about her needs. She wants to have a few more months of care coordination, as her anxiety and physical health are still creating barriers. She has become very independent and she will be ready to graduate from the program soon.

January 1, 2019 – December 31, 2023

A PHP member, who is a 58-year-old male and lives in the Albuquerque area was assigned to a PHP Community Health Worker (CHW) due to high Emergency Department utilization. The member has significant medical issues, utilizes a wheelchair for mobility, and has a chronic wound that requires ongoing medical attention. The member's ability to leave the home is taxing on the member and requires considerable effort. It also requires the assistance of another person. When the CHW started working with this member, it was identified that this member needed dental care. At first the member was reluctant to seek dental care, despite the need. The CHW was able to locate a dentist near the members home, ensured that the dentist can easily accommodate a wheelchair and will be the least taxing for the member. After 9 months of encouraging the member to attend a dental appointment, the CHW facilitated all the preliminary arrangements, introduced the member to the dental practice, and arranged for the necessary transportation that will allow the member to attend his upcoming dental appointment. The CHW was not only able to successfully engage this member but was able to facilitate services that are critical for the member's health.

A Care Coordinator (CC) with WSCC engaged a Member in need of clothing and housing assistance for herself and family. The Member and her family had moved from Louisiana, as her husband had been offered a job in New Mexico. Upon arrival, the husband was informed that the job offer was cancelled due to COVID. The Member, her husband and two young children were living out of their car. The CC reached out to WSCC's Marketing Team, and a \$75.00 Visa Card (via the Holistic Care Grant), was used to buy clothing. WSCC's Community Relations Coordinator (CRC) purchased tops, bottoms, jackets, blankets, and hygiene kits for the family. The CC sent a referral to WSCC's Housing Management Specialist (HMS). The HMS reached out to various agencies and was able to receive a Rapid Re-housing (RR) voucher. The Member and her family were approved for a two-bedroom apartment and signed a lease on 02/10/2021. The HMS also provided school resources for the Member's children. The Member is extremely thankful for how quickly WSCC responded and assisted her. Through a collaborative team effort, the CC, CRC and HMS were able to assist the Member and her family by addressing critical social determinants of health.

MCO COVID-19 RELIEF EFFORTS

PHP: COVID-19 Relief Efforts

Supporting Members:

- Continue to deploy predictive analytics to rapidly identify members at risk of complications from COVID-19 and initiated outbound call campaign to high-risk members to support and coordinate needs. Identified significant food and personal hygiene item needs.
- Completed over 35,000 outbound calls to high-risk members in addition to over 60,000 required Centennial Care 2.0 care coordination touchpoints since mid-March.
- Developed criteria, workflow and scripting and implemented remote home monitoring program for COVID-19 positive members.
- Continued a 14-day meal delivery program for COVID-19 positive members with food insecurity in Government Programs into 2021
- Please note as depicted on slide 2: of our total Medicaid membership of 403,890 as of 4/29/21, we identified 87,138 members that meet the criteria of 60+ or 16–59 with qualifying health conditions. Of those identified, 48,036 members have been vaccinated or 55% of members who meet the state’s criteria.
- Partnered with Albuquerque Ambulance beginning 3/25/21 to immunize homebound members. Completed 300 doses of J&J vaccines and have ordered 800 more doses and have initiated planning efforts for members beyond this initial phase.

Supporting Native Americans:

- Incorporated Tribal affiliation in high-risk call campaign for additional targeted care planning actions including cultural considerations.
- Supplied 1,080 gallons of hand sanitizer to the Pueblo Relief Fund to distribute to all Pueblos.
- Supplied 5,940 gallons of hand sanitizer to facilities, medical providers, first responders and community staging areas at Gallup Indian Medical Center (GIMC), Northern Navajo Medical Center, Mescalero, Jicarilla, Crownpoint, Alamo, Pine Hill and Canyoncito Band of Navajo facilities.
- Ongoing coordination with vendors to ensure services to tribal communities.
- Daily communication with Indian Health Service/Tribal/Urban Indian (ITU) facilities regarding changes to the services they provide. e.g., special closures, urgent care, care coordination, screening/testing, telemedicine, and pharmacy.
- Provided information to the State’s Food Insecurities group to ensure outreach to isolated Navajo Communities.

Supporting Providers:

- Claims processed on average of 5 days for Centennial Care.
- Quick configuration of codes for testing and treatments to facilitate payments.
- Flexibility and relief in prior authorization requirements (eliminated prior authorization for all acute hospitalizations; extended existing authorizations by 90 days and will continue through the duration of the emergency; expanded flexibility for providers in submitting clinical documentation to support medical necessity; extending authorizations for children's services – residential treatment – for 90 days and will continue through the duration of the emergency)
- Paying telemedicine and telephonic services as if the member received services onsite and in person.
- Expedited funding from HSD to 70 nursing facilities and 30 hospitals; expedited claims reprocessing for January 1 rate increases.
- Updated PHP's provider portal with comprehensive information and clear direction. One example is a telehealth guide to keep providers current on the changes happening with respect to telehealth services.

BCBS: COVID-19 Relief Efforts

Data Analysis

- Identified all BCBS members 16 years of age or older- 181,000 members.
- Using claims data and other registries, stratified members by age greater than 65, high risk conditions, etc.- 64,000 members.
- Identify members who are homebound based on Z codes associated with homebound status – 5,700 members; 1350 of those have been vaccinated.

Outreach

- Care Coordination (CC)
 - COVID-19 training/ updates are offered weekly/biweekly to keep BCBS CC staff up to date on the most recent vaccination information.
 - Care Coordinators have been outreaching their Members to inquire on their vaccination status and conduct an assessment to determine if the Members need assistance registering/ scheduling or if the Member is home bound and is interested in receiving the vaccine.
 - Transportation is set up for those in need.
 - If a Member has had at least one vaccine, the CC will help with reminders for next date and transportation.
 - Outreach includes education around current CDC guidelines such as risk factors, and preventative actions.

- TTech
 - Opportunity to help members to register online if no phone service or computer/internet.
 - Help with registering on the DOH website and partnering with Lovelace, mobile van,
 - All 65+ members who have not received any vaccine doses.
 - Members with technical/Internet issues TTech can assist the members with reaching out to the state system.
 - Identify Members who may be homebound.
- Customer Service
 - Inbound callers hear vaccine message.
 - Customer service representatives help members register.
- Using Member advisory boards to educate people and help them register.

Collaborate

- Paramedicine partners
 - AMR
 - AAS
 - Rio Rancho Fire Department has informed BCBS they are partnering with DOH and others to vaccinate home bound Members at no cost to BCBS.
 - Two suppliers of J & J vaccine, DOH and Corrales FD
 - Grant County Fire Department is also administering vaccines. Once the individual registers, the fire department will need their name, DOB, address, phone # and 7-digit code they received upon registration.
- Duke City Medic Buddy-They just received approval as an ordering site. With the possibility of utilizing the J & J vaccine, they are well positioned to offer home vaccination. They are requesting doses from the state. As soon as they have assurance that they will get vaccine, they will reach out to us to develop the process for vaccinating our homebound members.
- Partnering with Lovelace on a mobile solution in Bernalillo, Sandoval, Valencia counties
 - BCBSNM will be doing outreach to members to assist with vaccine registration and identifying homebound members.
 - The initial phase will focus on 65+ aged members who have not had a first dose.
 - The second phase will focus on <64 aged members who have not had a first dose.

- Achieving Herd Immunity
 - Potential barriers to vaccination and approaches to those barriers.
 - Vaccine hesitancy--> Provide accurate information that addresses members' fears.
 - Geographical distribution of vaccine--> Assure that distribution sites are in areas that all members can access.
 - Language barriers--> provide information in the top languages spoken by area.
 - Transportation--> options for members who do not have transportation benefits.
 - Vaccination centers' hours of operation --> assure that members who work have after hours options.
 - Potential barriers to vaccinating homebound members.
 - Identifying homebound members. We can find the members who are homebound and engaged in care coordination. Those who are not in care coordination are difficult to identify.
 - Vaccine access. BCBS is not a delivery system, and our pharmacists cannot obtain vaccine as we are not a retail pharmacy.
 - Staffing constraints that limit ability to outreach to our members.
 - Potentially limited delivery resources. For example, BCBS is trying to partner with Duke City/Medic Buddy.
 - Identifying staff certified to administer vaccinations.
 - Vaccine hesitancy by members.
- Partnering to Vaccinate all members
 - Create list of Members from all MCOs that need vaccination and stratify by risk factors rather than MCO.
 - When vaccine is unexpectedly available, MCOs could be alerted so they can begin to outreach to members and get them in urgently.
 - Vaccination sites should have access to highest risk unvaccinated members to get them in when there are no shows.
 - Partner with:
 - houses of worship and vaccinate people at church on Sunday.
 - food distribution sites – vaccinate members when they come to pick up food.
 - Meals on Wheels to identify homebound members who need vaccination.
 - Assure all vaccination events are communicated to the MCOs for proactive outreach to members.
 - Maintain transparency in vaccine allocation.

- Collaborate to use BCBS' Care Vans to distribute vaccines.
- Combine data to better identify homebound members.

WSCC: COVID-19 Relief Effort

Provide stakeholders with a line-of-sight on Covid-19 vaccination efforts and developments in New Mexico.

- WSCC recommends a tailored focus around Spanish-speaking community members, with original content fed to Spanish language TV stations, a trusted source for communications.
- WSCC recommends a regionalized effort toward community members identified as being hesitant or resistant to receive the vaccine to foster trust towards being vaccinated. For example, Western Sky recommends collaborating to hold town halls in south east New Mexico in partnership PED or local community leaders.
- WSCC recommends continued leveraging of EMS partnerships and Long Term Care facilities to support vaccinating homebound members.
- WSCC recommends continued MCO outreach to members through telephonic, digital and traditional communications.
- WSCC recommends data sharing efforts alongside DOH to more closely monitor progress and real time strategize. (Texas DOH data of New Mexicans being vaccinated across state lines.)

MCO Collaboration

- Mobilize MCOs to collaborate around homebound vaccination efforts by county in partnership with DOH.
- Mobilize MCOs to collaborate around rural and urban efforts to reach vulnerable populations.
- Collaborate to address direct needs gaps around social determinates of health throughout the state.

Digital Communication Methods

- Western Sky has leveraged its website, in addition to as well as email communication and social media channels to inform Members and Community Partners about the COVID-19 Vaccination. Digital Communication Methods include:
- **Website Pop-Up**
Western Sky activated a pop-up message on its website to notify visitors about the vaccine and where to find information, including a link to Western Sky's Covid-19 page and related DOH links.

- **E-Blast**
Western Sky has initiated multiple email communications to Member email lists to directly provide updated information.
- **Social Media**
Western Sky has created posts about the Covid-19 vaccinations on its social media platforms.
- **Text Campaigns (in the works)**
Western Sky has proposed text campaigns to Members, awaiting HSD approval, to encourage Members to register or get their first or second doses (as necessary) of the Covid-19 vaccination.

Public Service Announcements

- **Comcast Partnership** – WSSC Marketing has partnered with Comcast to run a series PSA's encouraging New Mexicans to get vaccinated.
- **Pro Football Hall of Fame Partnership** – As part of WSCC's commitment to stopping the spread of Covid-19 we've partnered with members of the Pro Football Hall of Fame to encourage people to get vaccinated through a PSA campaign designed to increase education and awareness around COVID-19 vaccines.

Vaccine Administration

- Western Sky has partnered with Albuquerque Ambulance and Medic Buddy to administer Covid-19 vaccination to Home-Bound Members.