

Michelle Lujan Grisham, Governor Kari Armijo, Acting Secretary Lorelei Kellogg, Acting Medicaid Director

Letter of Direction #95

Date: June 27, 2023

To: Centennial Care 2.0 Managed Care Organizations

From: Lorelei Kellogg, Acting Director, Medical Assistance Division

Subject: CAHPS MY2023 Supplemental Questions

Title: CAHPS MY2023 Supplemental Questions

Pursuant to the current Centennial Care 2.0 Professional Services Agreement (PSA), Section 4.12.5.2.3, Centennial Care Managed Care Organizations (MCOs) shall include the HSD required supplemental survey questions approved by NCQA in Attachment 1 of this LOD effective with the 2024 CAHPS 5.0H survey for Measurement Year 2023, disregarding Attachment 9: CAHPS Supplemental Questions in Contract Amendment #6.

PSA shall be revised per this Letter of Direction (LOD) to replace Attachment 9: CAHPS Supplemental Questions.

Please contact Amy Salazar at Amy. Salazar@hsd.nm.gov for questions related to this LOD.

This LOD will sunset upon inclusion in the Medicaid Managed Care Services Agreement.

Attachment: LOD #95 Attachment 1 CAHPS Supplemental Questions (Contract Attachment 9)

Letter of Direction #95 Attachment 1 CAHPS Supplemental Questions

Attachment 9: MY2023 CAHPS Supplemental Questions

| NCQA Tracking Number | Child Questions | Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always) | If Required by State Medicaid Agency, which one? | NCQA Decision |
|----------------------------|---|---|---|------------------|
| 990032 | In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers? | 1) Yes 2) No | New Mexico | Approve |
| 990033 | In the last 6 months, who helped to coordinate your child's care? | Someone from your child's health plan Someone from your child's doctor's office or clinic Someone from another organization A friend or family member You | New Mexico | Approve |
| 990010 | How satisfied are you with the help you received to coordinate your child's care in the last 6 months? | Very dissatisfied Dissatisfied Neither dissatisfied nor satisfied Satisfied Very satisfied | New Mexico | Approve |
| 990152 | In the last 6 months, has your child received any material from your health plan about care coordination and how to contact the care coordination unit? | Yes No If Yes, please answer the following two questions. | New Mexico | Approve |

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|----------------------------|--|--|---|-----------------|
| 990153 | Did your child's Care Coordinator sit down with you and create a Plan of Care? | 1) Yes 2) No | New Mexico | Approve |
| 990154 | Are you satisfied that your child's care plan talks about the help your child needs to stay healthy and remain in your home? | Very dissatisfied Dissatisfied Neither dissatisfied nor satisfied Satisfied Very satisfied | New Mexico | Approve |

| NCQA Tracking Number | Adult Questions | Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always) | If Required by State Medicaid Agency, which one? | NCQA Decision |
|----------------------------|---|---|---|------------------|
| 990034 | In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers? | 1) Yes 2) No | New Mexico | Approve |
| 990035 | In the last 6 months, who helped to coordinate your care? | Someone from your health plan Someone from your doctor's office or clinic Someone from another organization A friend or family Member You | New Mexico | Approve |
| 990008 | How satisfied are you with the help you received to coordinate your care in the last 6 months? | Very dissatisfied Dissatisfied Neither dissatisfied nor satisfied Satisfied Very satisfied | New Mexico | Approve |
| 990036 | In the last 6 months, have you received any material from your health plan about good health and how to stay healthy? | 1) Yes 2) No | New Mexico | Approve |
| 990037 | In the last 6 months, have you received any material from your health plan about care coordination and how to contact the care coordination unit? | Yes No If Yes, please answer the following two questions. | New Mexico | Approve |
| 990038 | Did your Care Coordinator sit down with you and create a Plan of Care? | 1) Yes 2) No | New Mexico | Approve |

| NCQA Tracking Number | Adult Questions | Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always) | If Required by State Medicaid Agency, which one? | NCQA Decision |
|----------------------------|--|--|---|------------------|
| 990009 | Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home? | Very dissatisfied Dissatisfied Neither dissatisfied nor satisfied Satisfied Very satisfied | New Mexico | Approve |