

**STATE COVERAGE INSURANCE (SCI)  
QUALITY MANAGEMENT  
Tribal Consultation Version 10.15.2013**

**TITLE 8 SOCIAL SERVICES  
CHAPTER 306 STATE COVERAGE INSURANCE (SCI)  
PART 8 QUALITY MANAGEMENT**

**8.306.8.1 ISSUING AGENCY:** Human Services Department  
[8.306.8.1 NMAC - N, 7-1-05]

**8.306.8.2 SCOPE:** This rule applies to the general public.  
[8.306.8.2 NMAC - N, 7-1-05]

**8.306.8.3 STATUTORY AUTHORITY:** New Mexico Statutes Annotated, 1978 (Chapter 27, Articles 1 and 2) authorize the state to administer the medicaid program. The State Coverage Insurance (SCI) program is authorized under a health insurance flexibility and accountability (HIFA) waiver under section 1115 of the Social Security Act for the parent population and a medicaid demonstration waiver under section 1115 for the childless adult population, both subject to special terms and conditions.  
[8.306.8.3 NMAC - N, 7-1-05; A, 6-1-10]

**8.306.8.4 DURATION:** The SCI program is operated subject to continuation of the state's HIFA waiver and the medicaid demonstration waiver, and subject to availability of funds.  
[8.306.8.4 NMAC - N, 7-1-05; A, 6-1-10]

**8.306.8.5 EFFECTIVE DATE:** July 1, 2005, unless a later date is cited at the end of a section.  
[8.306.8.5 NMAC - N, 7-1-05]

**8.306.8.6 OBJECTIVE:** The objective of these regulations is to provide policies for the service portion of the New Mexico SCI program.  
[8.306.8.6 NMAC - N, 7-1-05]

**8.306.8.7 DEFINITIONS:** See 8.306.1.7 NMAC.  
[8.306.8.7 NMAC - N, 7-1-05]

**8.306.8.8 MISSION STATEMENT:** The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their community.  
[8.306.8.8 NMAC - N, 7-1-05; A, 7-1-09]

**8.306.8.9 QUALITY MANAGEMENT:** Quality management is both a philosophy and a method of management designed to improve the quality of services; includes both quality assurance and quality improvement activities; and, is incorporated into health care delivery and administrative systems. SCI prefers, but does not require NCQA accreditation for MCOs. The SCI program will require compliance with portions of 8.305.8 NMAC, *Quality Management*, as they apply to the SCI adult (19-64) population, as follows: 8.305.8.10 NMAC, *external quality review*; 8.305.8.11 NMAC, *broad standards*; 8.305.8.12 NMAC, *standards for quality management and improvement*; 8.305.8.13 NMAC, *standards for utilization management*; 8.305.8.14 NMAC, *standards for credentialing and recredentialing*; 8.305.8.15 NMAC, *member bill of rights*; 8.305.8.16 NMAC, *standards for preventive health services*; with the exception of Paragraph 13 and 14 of Subsection C of 8.305.8.16 NMAC, *newborn screening and tot-to-teen health checks*; 8.305.8.17 NMAC, *standards for medical record*; and 8.305.8.18 NMAC, *standards for access*.  
[8.306.8.9 NMAC - N, 7-1-05; A, 7-1-09]

**8.306.8.10 DELEGATION:** Delegation is a process whereby an MCO gives another entity the authority to perform certain functions on its behalf. The MCO is fully accountable for all delegated activities and decisions made. The MCO shall document its oversight of the delegated activity. The MCO, if contractually obligated, shall delegate behavioral health functions and activities, which may include: quality oversight, utilization management

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prevention, education, outreach, grievance resolution, data collection and claims payment to the contracted single statewide entity (SE).

- A. A mutually agreed upon document between the MCO and the delegated entity will describe:
  - (1) the responsibilities of the MCO and the entity to which the activity is delegated;
  - (2) the delegated activity;
  - (3) the frequency and method of reporting to the MCO;
  - (4) the process by which the MCO evaluates the delegated entity's performance; and
  - (5) the remedies up to, and including, revocation of the delegation, available to the MCO if the delegated entity does not fulfill its obligations.
- B. The MCO shall document evidence that the MCO:
  - (1) evaluated the delegated entity's capacity to perform the delegated activities prior to delegation;
  - (2) evaluates regular reports; and
  - (3) evaluates semi-annually the delegated entity's activities in accordance with the MCO's expectations and HSD standards.

[8.306.8.10 NMAC; A, 7-1-05; A, 7-1-09]

**HISTORY OF 8.306.8 NMAC:** [RESERVED]