CENTENNIAL CARE 2.0 DEMONSTRATION

Section 1115 Demonstration Quarterly Report
Demonstration Year: 6 (1/ 1/ 2019 – 12/ 31/ 2019)
Quarter: 3/2019

November 27, 2019

.

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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.

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	Pending CMS approval
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	Pending CMS approval
SUD Monitoring Protocol	Submitted July 31, 2019	CMS submitted feedback on September 30, 2019

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ENROLLMENT AND BENEFITS INFORMATION

Table 1: QUARTER 3 MCO ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION	6/30/2019 ENROLLMENT	9/30/2019 E NROLLMENT	PERCENT INCREASE/ DECREASE Q2
Blue Cross Blue Shield of New Mexico (BCBS)	230,494	234,169	+1.6 percent
Presbyterian Health Plan (PHP)	371,288	371,848	+ .15 percent
Western Sky Community Care (WSCC)	59,048	59,952	+ 1.5 percent

Source: Medicaid Eligibility Reports, June 2019 & September 2019

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

Centennial Care 2.0 MCO enrollment data and cost per unit data by programs is provided for July 2017 through June 2019. Please see Attachment A: July 2017 – June 2019 Statewide Dashboards.

MCO Enrollment

In aggregate, MCO enrollment is decreasing by 2% from DY6 Q1 to DY6 Q2. This decrease is comprised of the following:

- 3% decrease in physical health enrollment.
- 2% decrease in aggregate long-term services and supports enrollment. The 8% decrease to Healthy Dual members is partially offset by the 14% increase in Self Directed enrollment.
- 1% decrease in other adult group enrollment.

MCO Per Capita Medical Costs

- In aggregate, MCO per capita medical costs is increasing by 5% from DY6 Q1 to DY6 Q2, this consists of a 2% decrease to pharmacy services and 6% increase to non-pharmacy services.
  - The decrease in pharmacy costs from is driven by the decreasing cost in Hepatitis C therapies.
- It is important to note that starting in CY19, there was the transition from Centennial Care 1.0 to Centennial Care 2.0 going from 4 MCOs to 3 MCOs. As more CY19 data is reported, the underlying MCO contracting mix will likely change and have influences on the aggregate program costs.
- Similar to the March 2017 – March 2019 dashboards, the following fee and benefit changes have been implemented in. These changes include fee increase as well as the addition of new benefits and contribute to the overall increase in program per capita costs.

EFFECTIVE 7/1/19	
TYPE OF INCREASE	**IMPACT OF INCREASE**
Physician Office Visit Reimbursement Fee Increase	Increase to the FFS reimbursement for physician office visits for procedure code 99213 from 71.2% of the Medicare fee schedule to 75.0% of the Medicare fee schedule
Nursing Facility Fee Schedule	Increase to the FFS reimbursement for nursing facilities by 7.84%
Assisted Living Reimbursement Fee Increase	Increase to the FFS reimbursement for assisted living (procedural codes T2030 and T2031) by 1.0%
Adult Day Health Reimbursement Fee Increase	Increasing its FFS reimbursement for adult day health (procedure code S5100) by 38.7%
Phase 1 Behavioral Health Benefit and Fee Changes	Increase to the FFS reimbursement for TFC, ACT, group therapy, CCSS (performed in the community setting), and therapy services performed after hours by 20%

EFFECTIVE 1/1/19	
TYPE OF INCREASE	**IMPACT OF INCREASE**
Long-Acting Reversible Contraceptive Fee Increase	Increase to the FFS reimbursement for procedure codes 11981 and 11983 by 25% and procedure code 58300 by 200%.
Community Benefit Fee increase	Increase to the FFS reimbursement for community benefit services by 1%. The CC-OAG Alternative Benefit Plan (ABP) exempt population is eligible to receive the community benefit.
Child Accredited Residential Treatment Center Payment Change	Changes to the FFS fee schedule for revenue codes 1001 to increase the daily rate for child accredited residential treatment centers (ARTCs) from $270 to $350 per day
Home visiting pilot programs Nurse Family Partners (NFP) and Parents as Teachers (PAT)	No significant impact
Transition from supplemental grant funding to Managed Care coverage for Brief Intervention, and Referral to Treatment Services	
Phase 2 Behavioral Health Benefit and Fee Changes	Expanded billing procedures to allow for increased reimbursement of recovery services provided in a family peer support environment, complex and non-complex interdisciplinary teaming assessments, partial hospitalization services, in addition to expanding Opioid Treatment Plans (OTP) to existing clinics, allowing Behavioral Health Associates (BHA) to bill Comprehensive Community Support Services (CCSS), and adding additional Intensive Outpatient Programs (IOP)

- The LTSS populations display more volatility than observed in other populations. Drivers of these changes include program-wide enrollment review, improved MCO processing of Medicare-eligible claims, and changes in member classification over time. In aggregate, all LTSS populations combined have a per capita medical cost increase of 2% overall.

CENTENNIAL CARE 1.0 TO CENTENNIAL CARE 2.0 TRANSITION

Molina Healthcare Plan Termination

In DY6 Q3, MHC continued to provide monthly updates on the progress of its termination plan. Based on HSD's review, MHC has submitted all required program reports for 2018, and is current with all termination plan deliverables. MHC is required to maintain claims-processing functionality at least through 2019. HSD will continue to monitor the termination plan and will continue to work with MHC though the remainder of 2019.

UnitedHealthcare Community Plan Termination

In DY6 Q3, UHC continued to submit monthly termination plan updates. HSD monitored progress and worked with UHC to identify outstanding reports, former member concerns, and financial responsibilities. In DY6 Q4, HSD and UHC will finalize agreement on remaining closeout reporting responsibilities.

CENTENNIAL CARE 2.0 TRANSITION MONITORING

All transition monitoring has been completed and oversight is being conducted using MCO standard reports for program evaluation and performance. In addition, regular audits are conducted by HSD's Quality and Financial Management Bureaus. These activities will be reported under applicable sections of the report in all subsequent reporting as transition monitoring has concluded. Closing contracts for Centennial Care 1.0 MCOs that were not awarded Centennial Care 2.0 contracts, and applicable termination monitoring, will continue to be reported under the Centennial Care 1.0 to Centennial Care 2.0 Transition section. This item is now closed.

CENTENNIAL REWARDS

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

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

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

Table 2: Centennial Care Rewards

CENTENNIAL CARE REWARDS		
	Q1 (JANUARY – MARCH 2019)	Q2 (APRIL – JUNE 2019)
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	74,110	200,475
Number of Members Registered in the Rewards Program this Quarter	4,215	5,497
Number of Members Who Redeemed Rewards this Quarter**	7,797	18,263

*Only includes rewards earned THIS quarter.

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

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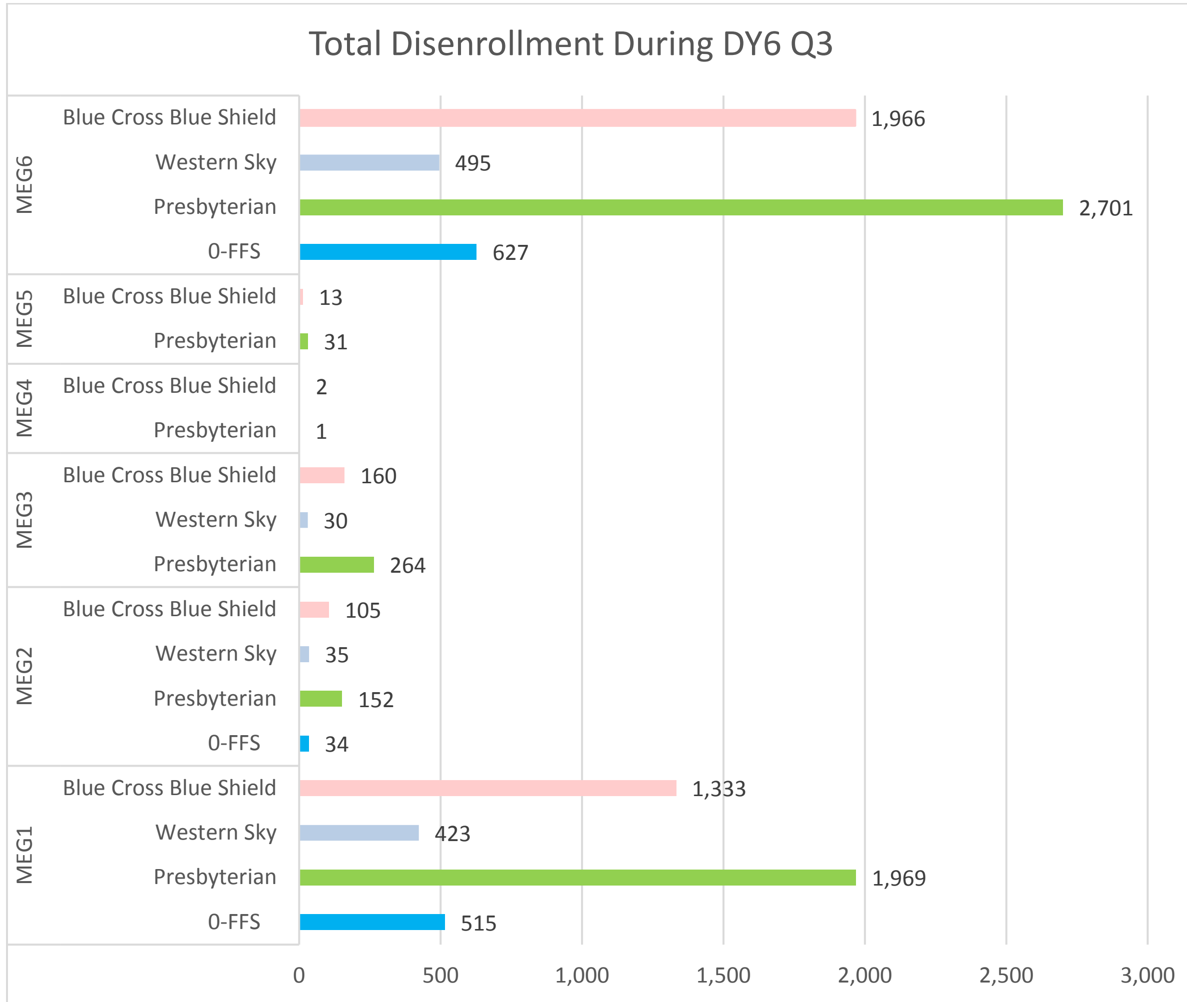
ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

The following table outlines all 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. Also, most of the disenrollment for this quarter is attributed to loss of eligibility.

Demonstration Participants by Calendar Year and Quarter:

Demonstration Population		Total Number Demonstration Participants DY6 Q3 Ending - September 2019	**Current Enrollees (Rolling 12-month Period)	Total Disenrollment During DY6 Q3
Population MEG1 - TANF and Related	0-FFS	38,867	54,413	515
	Molina	0	121,152	0
	Presbyterian	180,162	180,464	1,969
	Western Sky	30,701	3,522	423
	Blue Cross Blue Shield	108,752	89,183	1,333
	Summary	**358,482**	448,734	**4,240**
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,497	3,333	34
	Molina	0	11,450	0
	Presbyterian	20,448	18,456	152
	Western Sky	3,462	187	35
	Blue Cross Blue Shield	11,350	7,789	105
	Summary	**37,757**	41,215	**326**
Population MEG3 - SSI and Related - Dual	0-FFS	0	137	0
	Molina	0	7,102	0
	Presbyterian	23,202	22,735	264
	Western Sky	2,356	267	30
	Blue Cross Blue Shield	10,621	8,229	160

	Summary	**36,179**	**38,470**	**454**
Population MEG4 - 217-like Group - Medicaid Only	**0-FFS**	115	**152**	0
	Molina	0	**53**	0
	Presbyterian	129	**153**	1
	Western Sky	16	**2**	0
	Blue Cross Blue Shield	97	**72**	2
	Summary	**357**	**432**	**3**
Population MEG5 - 217-like Group - Dual	**0-FFS**	0	**10**	0
	Molina	0	**814**	0
	Presbyterian	2,344	**2,388**	31
	Western Sky	243	**32**	0
	Blue Cross Blue Shield	1,664	**1,171**	13
	Summary	**4,251**	**4,415**	**44**
Population MEG6 - VIII Group (expansion	**0-FFS**	28,818	**32,993**	627
	Molina	0	**58,205**	0
	Presbyterian	129,887	**111,188**	2,701
	Western Sky	21,318	**3,352**	495
	Blue Cross Blue Shield	93,586	**74,134**	1,966
	Summary	**273,609**	**279,872**	**5,789**
Summary		**710,635**	**813,138**	**10,856**


Total Disenrollment During DY6 Q3
MEG6
Blue Cross Blue Shield
1,966
Western Sky
495
Presbyterian
2,701
0-FFS
627
MEG5
Blue Cross Blue Shield
13
Presbyterian
31
MEG4
Blue Cross Blue Shield
2
Presbyterian
1
MEG3
Blue Cross Blue Shield
160
Western Sky
30
Presbyterian
264
MEG2
Blue Cross Blue Shield
105
Western Sky
35
Presbyterian
152
0-FFS
34
MEG1
Blue Cross Blue Shield
1,333
Western Sky
423
Presbyterian
1,969
0-FFS
515
0
500
1,000
1,500
2,000
2,500
3,000

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OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
3rd Quarter Activities	In DY6 Q3, HSD Outreach and Training staff participated in statewide outreach activities and events that included: The Annual Conference on Aging with over 1,000 attendees, provided information regarding Medicaid benefits, eligibility, and MCO requirements. Presented Centennial Care 2.0 information to Zuni Pueblo Health & Benefits Outreach Education Fair. Participated in Senior Day at the New Mexico State Fair, providing Centennial Care, Medicaid benefits, eligibility, and MCO enrollment information to attendees. Assisted in the preparation of the of the Indian Managed Care Entity (IMCE) Tribal Consultation in Gallup, New Mexico attended by Tribal, Pueblo and Navajo Leaders as well as HSD Secretary and HSD State Leaders. HSD staff conducted regularly scheduled monthly trainings for the Presumptive Eligibility (PE) Program and Presumptive Eligibility Determiners (PED) in the JUST Health Program. HSD also conducted YESNM-PE Demonstration trainings for increase of PED enrollment throughout New Mexico. Classroom environment and webinars were well attended in DY6 Q3.

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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 on a monthly basis 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 Quarter 3 of demonstration year (DY) 6 reflect the rates effective January 1, 2019, the rate updates that were effective on April 1, 2019 to account for full contracting with the teaching hospital, and the mid-year rate updates. The July 1, 2019 rate updates approved on August 28, 2019 include the following programmatic changes:

- Professional fee schedule increase
- Assisted living fee schedule increase
- Community based pharmacy increased dispensing fee
- Benefit changes for transitional care management and chronic care management
- Increases to hospital reimbursement
- Increased reimbursement for personal care services
- Increase to professional dental reimbursement
- Benefit changes for dental fluoride with varnish
- Peer delivered pre-tenancy and tenancy services

The result is an increase in rates and the PMPM for Quarter 3 of DY 6 appears higher for MEGs 1, 2, and 6 compared to the PMPM of Quarter 2 of DY 6.
The Human Services Department is also implemented rate updates effective on October 1, 2019 to account for additional provider rate changes. These changes will affect the cost and PMPM of various MEGs for DY 6.

PATIENT CENTERED MEDICAL HOMES (PCMH)

HSD requires the MCOs to ensure engagement of PCMHs by including PCMH membership as part of a delivery system improvement project.

- For Legacy MCOs, HSD requires a minimum of a five percent (5%) increase of the MCO's members assigned to a PCP who is a provider with a Patient-Centered Medical Home (including both PCMHs that have achieved NCQA accreditation and those that have not). If the MCO achieves a minimum of fifty percent (50%) of membership being served by PCMHs, then the MCO must maintain that same

minimum percentage at the end of the calendar year in order to meet this target.

- For non-Legacy MCOs, HSD requires a minimum of ten percent (10%) of the MCO's total membership be assigned to a PCP who is a provider with a Patient-Centered Medical Home (including both PCMHs that have achieved NCQA accreditation and those that have not) by the end of the calendar year.

HSD may impose a penalty if the MCO does not meet the Delivery System Improvement performance targets, however, the MCO may propose that any performance penalty amounts be spent on system improvement activities for provider network development and enhancement activities that will directly benefit members.

Table 3: PCMH Assignment

PCMH ASSIGNMENT				
Total Members Paneled to a PCMH				
	DY6 Q1	DY6 Q2	DY6 Q3	DY6 Q4
BCBS	93,726	96,136		
PHP	219,538	220,950		
WSCC	20,164	20,238		
Percent of Members Paneled to a PCMH				
BCBS	39.0%	39.9%		
PHP	56.3%	59.6%		
WSCC	34.4%	34.6%		

CARE COORDINATION MONITORING ACTIVIES

Care Coordination Monitoring Activities	
3rd Quarter Activities	In DY6 Q3, HSD continued monthly audits to monitor MCO compliance with contract and policy requirements when conducting care coordination activities. These audits include: 1) MCO compliance for the correct categorization of members who have been listed as Difficult to Engage, Unreachable or Refused care coordination (DUR); 2) Member files to confirm that members are correctly being referred for a Comprehensive Needs Assessment (CNA) if triggered by a completed Health Risk Assessment (HRA); 3) Correct placement of members in Care Coordination Level (CCL) based on information in the CNA and criteria outlined in the Managed Care Service Agreement; and 4) Transition of Care (TOC) files for members transitioning from an in-patient hospital stay or Nursing Facility to the community and members transitioning from a Nursing Facility to the community, confirming the TOC plan adequately addressed the member's needs. In DY6 Q3, HSD continued to conduct care coordination "ride-alongs" with MCO care coordinators to observe member assessments in the home setting. HSD staff conducted ride-alongs with BCBS, WSCC, and PHP observing initial and follow-up CNAs. HSD placed particular emphasis on utilization by care coordinators of the Community Based Services Questionnaire (CBSQ) and the Community Benefit Member Agreement (CBMA) to ensure the member agrees to accept or decline community benefits. In addition, HSD requested "ride- alongs" with member's accessing benefits through the Developmental Disabilities Waiver, (DDW). In two "ride-alongs", the member accessed services through the DDW using the self-directed Mi Via Waiver. HSD provided feedback to the MCOs on care coordinator strengths and areas that could use improvement. The observed care coordinators adhered to, and often went beyond, all contractual obligations in their assessments. DY6 Q3, audit results for the Monthly DUR Audit are listed in Table 3: Care Coordination Categorization Audit. HSD continued to provide audit findings to the MCOs each month, with requests for further information, additional outreach attempts, recategorization of members when warranted and targeted training for staff. HSD conducted monthly care coordination calls with each MCO in DY6 Q3 to follow up with responses, answer questions, or provide technical assistance. The MCOs have responded by conducting additional outreach, re-

Table 4 – Care Coordination Categorization Audit

DUR AUDIT	DY6 Q1	DY6 Q2	DY6 Q3	DY6 Q4
Difficult to Engage (DTE)				
Number of member files audited	**83**	**90**	**89**	
BCBS	30	30	29	
PHP	30	30	30	
WSCC	23	30	30	
Number of member files correctly categorized	**52**	**65**	**78**	
BCBS	27	17	26	
PHP	15	21	26	
WSCC	10	27	26	
% of member files correctly categorized	**63%**	**72%**	**88%**	
BCBSNM	90%	57%	90%	
PHP	50%	70%	87%	
WSCC	43%	90%	87%	
Unable to Reach (UTR)				
Number of member files audited	**90**	**90**	**89**	
BCBS	30	30	29	
PHP	30	30	30	
WSCC	30	30	30	
Number of member files correctly categorized	**61**	**54**	**65**	
BCBS	22	18	16	
PHP	19	13	23	
WSCC	20	23	26	
% of member files correctly categorized	**68%**	**60%**	**73%**	
BCBS	73%	60%	55%	
PHP	63%	43%	77%	
WSCC	67%	77%	87%	
Refused Care Coordination (RCC)				
Number of member files audited	**90**	**90**	**90**	
BCBS	30	30	30	
PHP	30	30	30	
WSCC	30	30	30	
Number of member files correctly categorized	**73**	**82**	**83**	
BCBS	25	27	29	
PHP	26	29	25	
WSCC	22	26	29	
% of member files correctly categorized	**82%**	**91%**	**92%**	

HSD conducted an all MCO training in DY6 Q3, focusing on results from monthly audits and quarterly compliance reports. A specific focus of the training was HSD contract and policy requirements for members transitioning from an inpatient setting or a nursing facility back to the community. HSD has seen improvement in compliance in subsequent monthly audits as seen in Table 4: Transition of Care Audit listed below.

DY6 Q3, audit results for the Transition of Care (TOC) are listed in Table 5: Transition of Care Audit. During monthly calls, HSD reiterated contract requirements for Transition of Care plans, follow-up care, and follow-up assessments with each MCO. HSD requested updates on specific members which the MCOs outlined in monthly responses. HSD received updates on all requested members with specific steps on outreach and engagement.

Table 5: Transition of Care Audit

TOC AUDIT	DY6 Q1	DY6 Q2	DY6 Q3	DY6 Q4
Inpatient (IP)				
Number of member files audited	**74**	**44**	**48**	
BCBS	30	15	15	
PHP	28	14	15	
WSCC	16	15	18	
Number of member files meeting HSD contract requirements	**29**	**25**	**39**	
BCBS	14	8	12	
PHP	10	9	12	
WSCC	5	8	15	
% of member files meeting HSD contract requirements	**39%**	**57%**	**81%**	
BCBS	47%	53%	80%	
PHP	36%	64%	80%	
WSCC	31%	53%	83%	
Nursing Facility (NF)				
Number of member files audited	**43**	**32**	**28**	
BCBS	23	15	12	
PHP	20	15	15	
WSCC	0	2	1	
Number of member files meeting HSD contract requirements	**19**	**21**	**23**	
BCBS	15	10	11	
PHP	4	9	11	
WSCC	n/a	2	1	
% of member files meeting HSD contract requirements	**45%**	**66%**	**82%**	
BCBS	65%	67%	92%	
PHP	20%	60%	73%	
WSCC	n/a	100%	100%	

HSD continues to conduct monthly Health Risk Assessment (HRA) and Care Coordination Level (CCL) Audits.

DY6 Q3, audit results for the HRA and CCL are listed in Table 6: Health Risk Assessment and Care Coordination Level Audit. Each MCO provided clarification for any discrepancies identified in the HRA and CCL audits. HSD requested follow-up be conducted with members requiring a CNA per HRA audits. For the CCL audit, if discrepancies were identified, HSD requested the MCO reassess identified members to determine the correct Care Coordination Level per contract and policy. HSD added an additional component of the CCL audit in DY6 Q3 with the inclusion of the completed Centennial Care Benefits Questionnaire (CBSQ) and Community Benefits Member Agreement (CBMA) to determine whether these assessments are being conducted appropriately.

Table 6: Health Risk Assessment and Care Coordination Level Audit

HRA AUDIT	DY6 Q1	DY6 Q2	DY6 Q3	DY6 Q4
Number of member files audited	**90**	**75**	**90**	
BCBS	30	25	30	
PHP	30	25	30	
WSCC	30	25	30	
Number of member files correctly referred for a CNA	**87**	**75**	**89**	
BCBS	29	25	30	
PHP	30	25	29	
WSCC	28	25	30	
% of member files correctly referred for a CNA	**97%**	**100%**	**99%**	
BCBS	97%	100%	100%	
PHP	100%	100%	97%	
WSCC	93%	100%	100%	
CCL AUDIT				
Number of member files audited	**90**	**75**	**90**	
BCBS	30	25	30	
PHP	30	25	30	
WSCC	30	25	30	
Number of member files with correctly assigned CCL	**86**	**73**	**85**	
BCBS	28	24	29	
PHP	29	24	29	
WSCC	29	25	27	
% of member files with correctly assigned CCL	**96%**	**97%**	**94%**	
BCBSNM	93%	96%	97%	
PHP	97%	96%	97%	
WSCC	97%	100%	90%	

HSD will continue to monitor the MCOs' Care Coordination programs and address any trends providing technical assistance as needed.

BEHAVORIAL HEALTH

In DY6 Q3, the MCOs in collaboration with the State continued to review the access of behavioral health services. In addition to ongoing efforts of meeting with individual providers, MCOs are also encouraging providers to engage in the Treat First model and/or open access models. In the Treat First model, new clients/patients may be seen for up to four visits to address their immediate needs before a comprehensive assessment and diagnosis needs to be completed. This often allows them to be seen within a few days of their request. These initial services may include paraprofessional services, which are often more easily accessible than those provided by licensed clinicians. In the Open Access

model, providers set aside blocks of time each day for members to come in for their appointments on the same day. Many large providers in the state have adopted Treat First and/or Open Access models that support timely appointment access. Additionally, some providers have increased group therapy sessions and group recovery support services to allow greater access to services. The State will be forming a work group with the MCOs beginning next quarter to collaborate with a more focused effort on growing the behavioral health network and ways to further engage members with behavioral health diagnosis who may not currently be accessing available services.

Additionally, MCOs are continuing to look at value-based purchasing agreements with providers to increase access with appointment availability and working to increase High Fidelity Wrap around services to meet member's needs. MCO Network contracting teams monitor the out-of-network providers from the single case agreement files to recruit additional practitioners to participate in the Behavioral Health network. Ongoing assessments by MCOs have continued to also identify recruitment opportunities with out-of-state border facilities for Inpatient BH services to ensure access. The MCOs utilize additional border resources to provide members with access to services.

SUD IMPLEMENTATION

The New Mexico Human Services Department has initiated new improvements to the Centennial Care 2.0 program with up to $34 million in enhancements, intended to fill BH service gaps and expand services to include:

- Individual and Family Peer Support
- After hours, weekends and holiday service
- Assertive Community Treatment
- Comprehensive Community Support Services
- Crisis Treatment Center and Crisis Stabilization
- Intensive Outpatient Services
- Opioid Treatment Program
- Partial Hospitalization expansion/incentives
- Screening, Brief Intervention and Referral to Treatment
- Accredited Residential Treatment Centers

Most of these services are implemented and clients are receiving care. The state is working with multiple sites to build up the Crisis Treatment Center/Crisis Stabilization and Accredited Residential Treatment Centers services and help establish their accreditation and Medicaid rate setting.

BH INTEGRATION

Promoting Integration of Primary and Behavioral Health Care Grant (PIPBHC)

Promoting Integration of Primary and Behavioral Care (PIPBHC) is a $10,000,000 five-year SAMHSA grant aimed at promoting the integration of primary and behavioral health care for adults with mental illness (MI) and/or substance use disorder (SUD) along with chronic physical health conditions. PIPBHC reached its enrollment goals of 120 clients at its two partner agencies: Hidalgo Medical Services (HMS) in both Silver City and Lordsburg, and Guidance Center of Lea County (GCLC) in Hobbs, NM. NM's PIPBHC program is Bridges to Wellness (B2W).

B2W is currently working to create an integrative self-assessment plan for quality improvement that includes the development of a custom instrument. This was deployed within the first two months of federal year two (September and October, 2019).

The Advisory Council has been established and has met three times. The Council consists of primary care, behavioral health, the NM Hospital Association, New Mexico Department of Health, and many other important organizations. The Council is actively looking at barriers and how these might be addressed to improve prospects for sustainability and integration on the state and national levels. The UNM Department of Psychiatry and Behavioral Sciences Division of Community Behavioral Health manages evaluation for the project and regularly disseminates information to the partner agencies and Advisory Council about enrollment, demographics, physical and mental health of participants.

Hidalgo Medical Services (HMS) is planning to launch a pilot in integrative care to address communication and coordination challenges across disciplines in the agency. For this pilot, the agency has identified a lead primary care physician who is building a geriatric practice. The model creates a multidisciplinary roster of team members that clients will meet at the beginning of their care. While not all team members will be involved in every client's care, they will be available for warm hand-offs, for consultation, and for regularly scheduled morning and afternoon team meetings.

HMS has now given permission for the Bridges to Wellness (aka B2W or PIPBHC) behavioral health team to schedule meetings for primary care physicians when they do not have patients, in order to further integration efforts. Previously, B2W staff had to seek permission from the Chief Medical Officer each time they wanted to block a provider schedule for a team meeting. This change removes that barrier to scheduling; as a result, B2W anticipates more team meetings across healthcare disciplines.

Guidance Center of Lea County (GCLC) is a Community Mental Health Center (CMHC), has worked to develop excellent relationships with several primary care providers in their county including PMS in Hobbs, a clinic in Jal, Nor-Lea Hospital, and a pain clinic in Hobbs. Unlike the Federally Qualified Health Center (FQHC) model at HMS that has more of an internal integration focus with primary care/behavioral health mostly co-located, the CMHC model requires the behavioral health agency to build relationships with potential referring primary care providers as partners in the community. The agency must also develop mechanisms to appropriately share patient information to further integration. Each of the organizations mentioned above now are actively referring and communicating with GCLC. One great example of integration: The medical provider at the pain clinic requested that GCLC provide behavioral health services on-site and offered a space for this to occur. GCLC now supplies this service at the pain clinic on a regular basis so that people seeking counseling have access right there.

SAMHSA recently reduced funding for all PIPBHC grants nationally by a little more than 10% for federal year 2 (Sept. 30, 2019 – Sept. 29, 2020). Plans are underway to examine how to meet increasing enrollment and evaluation requirements in view of this budget shortfall.

Health Homes

The CareLink New Mexico Health Homes 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 care coordination 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 122 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.

Table 7: Health Homes Activities

CLNM Health Home Activities	
3rd Quarter Activities	HSD conducted site visits with CLNM providers to support efforts to increase enrollment and expand provider and referral networks. Efforts included identifying challenges and strategies to address barriers to increasing enrollment The CLNM Steering Committee met to review policies and procedures for delivery of CLNM services, completion of CNA, and MCO referral activities.

Table 8: Number of Members Enrolled in Health Homes

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES		
Q1 (JANUARY – MARCH 2019)	Q2 (APRIL – JUNE 2019)	Q3 (JULY – SEPT 2019)
2,540	2,814	3,228

Supportive Housing

The supportive housing benefit in Centennial Care 2.0, approved by the Center for Medicaid Services (CMS), supports Medicaid eligible individuals enrolled in the Linkages Permanent Supportive Housing program with pre-tenancy and tenancy services. Certified Peer Support Workers of the Linkages Support Service providers will provide the pre-tenancy and tenancy service. A Certified Peer Support Worker will go through the Behavioral Health Services Division to obtain the certification. Linkages serves individuals with serious mental illness with functional impairment who are homeless or precariously housed and are extremely low-income level, per the Department of Housing and Urban Development (HUD) guidelines. The following activities occurred during DY6 Q3:

- BHSD Supportive Housing Program Manager trained the MCOs on August 14, 2019 on the following:
  - Linkages Supportive Housing Program to include client eligibility criteria and verification (no MCO prior authorization needed).
  - Information about the range of billable supports and requirement for the bundled rate.
  - Billing codes/fee schedule and Billing and Policy Manual.
- BHSD Supportive Housing Program Manager trained the Linkages Support Service providers on September 25, 2019 on the following:
  - Range of billable supports and requirement for the bundled rate.
  - Linkages forms that the MCO will accept as verification of Linkages client status.
  - Billing codes/fee schedule and Billing and Policy Manual

BHSD Supportive Housing Program Manager will provide technical assistance to Linkages Support Service providers and MCOs, as needed to establish the Medicaid Linkages Supportive Housing.

COMMUNITY HEALTH WORKERS (CHWS)

CY19 is the baseline year for the Centennial Care 2.0 MCOs to provide 3 percent of total member enrollment with Community Health Workers (CHWs) and Community Health Representatives (CHRs) services, as part of the CHW Delivery System Improvement Performance Target (DSIPT). A total of 159 CHWs employed or contracted by the MCOs was reported in the second quarter.

Workforce titles include, CHWs, CHRs, Community Paramedics, Family Support Specialists and Peer Support Workers (PSWs). CHRs are reported to serve members in the Navajo Nation area of the state with services that include native language translation. Please see Table 9: Summary of CHW Workforce by MCO.

Table 9: Community Health Worker Workforce

COMMUNITY HEALTH WORKFORCE		
M CO	**Q1 (JANUARY – MARCH 2019)**	**Q2 (APRIL – JUNE 2 0 1 9)**
BCBS	61	61
PHP	43	46
WSCC	38	52
Total	**142**	**159**

CHW interventions provided in Q2 included the following types of services:

- Social Determinates of Health assessment
- Assistance scheduling appointments for PCP, preventative care, behavioral health, dental, traditional medicine services, community health education classes and events
- Completion of HRAs when appropriate
- Development and implementation of a person-centered action plan
- Health literacy education
- Hepatitis C treatment outreach and support
- Assistance with obtaining prescription medications
- Smoking cessation
- Recovery support assistance
- Referrals for substance abuse and behavioral health treatment
- Peer support services
- ED education & diversion
- ED and hospital post-discharge follow-ups
- ED high utilizer program
- Prenatal & Postpartum Care Program
- Translation services
- Benefits education

Unduplicated members served in rural, frontier and urban areas by MCO reached 7,461 for Q2CY19.

Table 10: Unduplicated Members Served by CHWs

UNDUPLICATED MEMBERS SERVED BY CHWs		
MCO	Q1 (JANUARY – MARCH 2019)	Q2 (APRIL – JUNE 2019)
BCBS	4,034	4,204
PHP	4,605	2,725
WSCC	560	532
Total	**9,166**	**7,461**

MCO reporting includes geographic utilization of CHW services by county of member residence in urban, rural and frontier regions of New Mexico.

Table 11: Geographic Utilization of CHWs

GEOGRAPHIC UTILIZATION OF CHWS (APRIL – JUNE 2019)			
MCO	URBAN	RURAL	FRONTIER
BCBS	2,564	1,349	291
PHP	1,678	847	200
WSCC	294	218	20
Total	**4,536**	**2,414**	**511**

Centennial Home Visiting (CHV) Pilot Program

In DY6 Q3, the numbers of CC MCO member enrollments for each home visiting (HV) program are as follows:

- **Nurse Family Partnership (NFP):** 27 members
  UNM Center for Development and Disability (UNM CDD) has hired and trained the two new nurses who are dedicated for the CHV Pilot Program. Per the NFP model, the UNM CDD NFP program has a capacity of 25 new families for each new nurse. Therefore, the full capacity of the UNM CDD NFP Program in Q3 was 50 families.

- **Parents as Teachers (PAT):** 34 members
  The capacity of UNM CDD and ENMRSH (the agency that contracts to provide services in Curry and Roosevelt counties) to provide the PAT HV services is 40 and 20 families, respectively.

HSD required the CC 2.0 MCOs to track their referrals by submitting monthly reports beginning DY6 Q3. At the end of DY Q3, the CC 2.0 MCOs made over 140 referrals within the three quarters combined.

HSD continues to work with New Mexico Children, Youth and Families Department (CYFD) to recruit new agencies who would contract with CYFD. CYFD will serve as Medicaid CHV providers in a county-wide fashion to ensure that all NM families would not be denied HV services. Denials could result as a result of the lack of pay source, either because they are not eligible for Medicaid, or because they lost Medicaid eligibility during their course of receiving HV services. In addition, HSD received an update from a Pueblo that is interested in expanding CHV services to another county, and the Pueblo is negotiating with CYFD via Memorandum of Understanding. HSD has been able to obtain the final draft return back to the Pueblo. An update regarding the MOU will be provided in DY6 Q4.

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 700 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assisting with on-going Medicaid application submissions.

Staff in the Medical Assistance Division's Communication and Education Bureau (CEB) conduct monthly PE Certification trainings for employees of qualified entities that chose to participate in the PE program. PE certification requirements include; active participation during the entire training session, completion of a post-training comprehension test, and submission of all required PED registration documents. For active PEDs, PE program staff conduct Your Eligibility System for New Mexico-Presumptive Eligibility (YESNM-PE) demo trainings. During demo trainings, the PEDs have the opportunity to take a refresher training on "How To" utilize the tools and resources available to them; specifically, the New Mexico Medicaid Portal and YESNM-PE to screen for PE, grant PE, and submit on-going Medicaid applications. PE program staff conducted six PE certification trainings and four YESNM-PE demo refresher trainings.

Table 12: 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 DY6Q2.

Table 12: PE Approvals

PE APPROVALS (APRIL – JUNE 2019)				
MONTH	PES GRANTED	% PE GRANTED W/ ONGOING APPLICATION SUBMITTED	TOTAL INDIVIDUALS APPLIED	INDIVIDUALS APPROVED
April	197	98.50%	1,690	1,409
May	211	99.52%	1,744	1,418
June	173	98.85%	1,495	1,175
Q2 Totals	581	98.97%	4,929	4,002

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.

The following table outlines the numbers of PE approvals granted and the total number of ongoing applications submitted and approved. In all three months of DY6 Q2, 95.65% of all PE approvals also had an ongoing application submitted.

Table 13: PE Approvals

PE APPROVALS (APRIL – JUNE 2019)				
MONTH	PES GRANTED	% PE GRANTED W/ ONGOING APPLICATION SUBMITTED	TOTAL INDIVIDUALS APPLIED	INDIVIDUALS APPORVED
April	5	100.00%	130	125
May	7	87.50%	169	157
June	10	100.00%	117	111
Q2 Totals	22	95.65%	416	393

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HCBS REPORTING

Critical Incidents	
3rd Quarter Activities	HSD/MAD conducted a quarterly meeting with MCOs and external stakeholders to discuss critical incident reports (CIRs) reporting expectations, barriers and challenges. The primary discussion regarding the MCOs process used when investigating a member's death that is reported on a Critical Incident Report (CIR). The quarterly meeting also included an update of the annual provider CIR trainings that were held in September 2019 by WebEx. The annual training covered critical incident reporting related to Personal Care Services in the HSD Critical Incident Reporting Portal for providers and agencies. HSD/MAD conducted daily reviews of critical incidents submitted by MCOs and providers for the purpose of ensuring reports meet reporting requirements. HSD/MAD 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.

TOTAL CRITICAL INCIDENTS REPORTED (APRIL – JUNE 2019)				
M CO	**CE NT E N NI A L C A R E**	**B E H A V I O R A L H E A L T H**	**S E L F D I R E C T E D**	**D Y 6 Q2 TOT AL**
BCBS	1,461	121	101	1,683
PHP	5,155	257	343	5,755
WSCC	371	9	33	413
Total	6,987	387	477	7,851

BCBS (APRIL – JUNE 2019)				
CRITICAL INCIDENT TYPES	CENTENNIAL CARE	BEHAVIORAL HEALTH	SELF DIRECTED	TOTAL FOR QUARTER
Abuse	78	14	6	98
Death	149	5	4	158
Elopement/Missing	2	0	1	3
Emergency Services	945	53	76	1,074
Environmental Hazard	17	1	0	18
Exploitation	32	6	2	40
Law Enforcement	20	3	2	25
Neglect	218	39	10	267
All Incident Types	1,461	121	101	1,683

PHP (April - June 2019)				
CRITICAL INCIDENT TYPES	CENTENNIAL CARE	BEHAVIORAL HEALTH	SELF DIRECTED	TOTAL FOR QUARTER
Abuse	229	36	14	279
Death	309	14	14	337
Elopement/Missing	12	5	0	17
Emergency Services	3,496	62	280	3,838
Environmental Hazard	94	6	6	106
Exploitation	42	0	5	47
Law Enforcement	49	8	1	58
Neglect	924	126	23	1,073
All Incident Types	5,155	257	343	5,755

WSCC (April - June 2019)				
CRITICAL INCIDENT TYPES	CENTENNIAL CARE	BEHAVIORAL HEALTH	SELF DIRECTED	TOTAL FOR QUARTER
Abuse	28	0	4	32
Death	34	0	3	37
Elopement/Missing	1	0	0	1
Emergency Services	208	1	22	231
Environmental Hazard	6	0	0	6
Exploitation	5	0	1	6
Law Enforcement	1	0	1	2
Neglect	88	8	2	98
All Incident Types	371	9	33	413

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.

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

Table 14: ADRC Hotline Call Profiler Report

ADRC HOTLINE CALL PROFILER REPORT (JULY – SEPTEMBER 2019)	
TOPIC	**NUMBER OF CALLS**
Home/Community Based Care Waiver Programs	3,430
Long Term Care/Case Management	3
Medicaid Appeals/Complaints	13
Personal Care	301
State Medicaid Managed Care Enrollment Programs	75
Medicaid Information/Counseling	1,331

Table 15: ADRC Care Transition Program Report

ADRC CARE TRANSITION PROGRAM REPORT (JULY – SEPTEMBER 2019)			
COUNSELING SERVICES	NUMBER OF HOURS	NUMBER OF NURSING HOME RESIDENTS	NUMBER OF CONTACTS
Transition Advocacy Support Services		198	
*Medicaid Education/Outreach	2,400		
Nursing Home Intakes		81	
**LTSS Short-Team Assistance			189

*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.

Transition to Centennial Care 2.0

HSD has completed all LTSS transition activities to Centennial Care 2.0.

Community Benefit

In DY6 Q3, the Long-Term Care (LTC) workgroup projects have included CC 2.0 program changes such as implementation of the ongoing NF LOC, CC 2.0 reporting changes, LTC provider rate increases, and planning for implementation of the federally required Electronic Visit Verification (EVV) to the Self-Directed Community Benefit (SDCB). The LTC workgroup is also in the process of developing a single Allocation Tool that will be used by all MCOs to asses members for Personal Care Services (PCS). It is anticipated that the new tool will be implemented in early 2020.

EVV

In DY6 Q3, HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Personal Care Services. All parties are working towards implementation of EVV for the Self-Directed Community Benefit to meet the Cures Act requirements. Please see EVV data for DY6 Q2 outlined in the table below. The MCOs reported that 76% of the total PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder were created through the First Data Authenticare app. HSD needs additional time to fully

implement EVV for all required areas, including services outside of Centennial Care, and will be submitting a Good Faith Effort Exemption Form to CMS in November 2019.

Table 16: EVV DATA

EVV DATA (APRIL – JUNE 2019)		
MCO	AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD	NUMBER OF TOTAL CLAIMS THIS PERIOD
BCBS	6,456	464,918
PHP	14,256	922,397
WSCC	1,298	94,620
TOTAL	22,010	1,481,935

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 late 2019 or early 2020.

Nursing Facility Level of Care (NF LOC)

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 the HSD NF LOC Criteria and Instructions 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 136 audits, PHP conducted 204, and WSCC conducted 60 audits of NF LOC Determinations during DY6 Q2.

Table 17 –MCO Internal NF LOC Audits– Facility Based

Facility Based Internal Audits	April	May	June	DY6 Q2
High NF Determinations				
Total number of High NF LOC files audited	**8**	**9**	**11**	**28**
BCBS	2	2	4	8
PHP	4	5	5	14
WSCC	2	2	2	6
Total number with correct NF LOC determination	**8**	**9**	**10**	**27**
BCBS	2	2	3	7
PHP	4	5	5	14
WSCC	2	2	2	6
%	**100%**	**100%**	**91%**	**96%**
BCBS	100%	100%	75%	88%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Low NF Determinations				
Total number of Low NF LOC files audited	**16**	**15**	**13**	**44**
BCBS	6	6	4	16
PHP	6	5	5	16
WSCC	4	4	4	12
Total number with correct NF LOC determination	**15**	**14**	**13**	**42**
BCBS	5	5	4	14
PHP	6	5	5	16
WSCC	4	4	4	12
%	**94%**	**93%**	**100%**	**95%**
BCBS	83%	83%	100%	88%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations				
Total number of High NF LOC determinations completed within required timeframes	**8**	**7**	**11**	**26**
BCBS	2	2	4	8
PHP	4	4	5	13
WSCC	2	1	2	5
%	**100%**	**78%**	**100%**	**93%**
BCBS	100%	100%	100%	100%
PHP	100%	80%	100%	93%
WSCC	100%	50%	100%	83%
Total number of Low NF LOC determinations completed within required timeframes	**14**	**15**	**12**	**41**
BCBS	6	6	4	16
PHP	4	5	5	14
WSCC	4	4	3	11
%	**88%**	**100%**	**92%**	**93%**
BCBS	100%	100%	100%	100%
PHP	67%	100%	100%	88%

WSCC	100%	100%	75%	92%

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

Community Based Internal Audits	April	May	June	DY6 Q2
Total number of Community Based NF LOC files audited	**104**	**112**	**112**	**328**
BCBS	36	38	38	112
PHP	54	60	60	174
WSCC	14	14	14	42
Total number with correct NF LOC determination	**104**	**112**	**112**	**328**
BCBS	36	38	38	112
PHP	54	60	60	174
WSCC	14	14	14	42
%	**100%**	**100%**	**100%**	**100%**
BCBS	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations				
Total number of Community Based determinations completed within required timeframes	**92**	**101**	**107**	**300**
BCBS	27	28	36	91
PHP	51	60	57	168
WSCC	14	13	14	41
%	**88%**	**90%**	**96%**	**91%**
BCBS	75%	74%	95%	81%
PHP	94%	100%	95%	97%
WSCC	100%	93%	100%	98%

External Quality Review Organization (EQRO) NF LOC

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 Criteria and Instructions.

Table 19: Quarterly MCO NF LOC Determinations- Facility Based

Facility Based Determinations				
HIGH NF Determinations	April	May	June	DY6 Q2
Total number of determinations/redeterminations completed for High NF LOC requests	**64**	**59**	**61**	**184**
BCBS	18	15	10	43
PHP	44	40	47	131
WSCC	2	4	4	10
Total number of determinations/redeterminations that met High NF LOC criteria	**58**	**50**	**56**	**164**
BCBSNM	18	15	10	43
PHP	38	31	4	111
WSCC	2	4	4	10
Percent of determinations/redeterminations that met High NF LOC criteria	**91%**	**85%**	**92%**	**89%**
BCBSNM	100%	100%	100%	100%
PHP	86%	78%	89%	85%
WSCC	100%	100%	100%	100%
Low NF Determinations	April	May	June	DY6 Q2
Total number of determinations/redeterminations completed for Low NF LOC requests	**459**	**506**	**393**	**1358**
BCBS	153	159	112	424
PHP	278	300	247	825
WSCC	17	40	20	77
Total number of determinations/redeterminations that met Low NF LOC criteria	**448**	**449**	**379**	**1326**
BCBSNM	153	159	112	424
PHP	278	300	247	825
WSCC	17	40	20	77
Percent of determinations/redeterminations that met Low NF LOC criteria	**98%**	**99%**	**96%**	**98%**
BCBSNM	100%	100%	100%	100%
PHP	96%	98%	95%	96%
WSCC	100%	100%	100%	100%
Timeliness Determinations	April	May	June	DY6 Q2
Total number of High NF LOC determinations/redeterminations completed within required timeframes	**41**	**31**	**38**	**110**
BCBS	10	5	6	21
PHP	30	23	28	81
WSCC	1	3	4	08
Percent of High NFLOC determinations/redeterminations completed within required timeframes	**64%**	**53%**	**62%**	**60%**
BCBS	56%	33%	60%	49%
PHP	68%	58%	60%	62%
WSCC	50%	75%	100%	80%
Total number of Low NF LOC determinations/redeterminations completed within required timeframes	**367**	**433**	**309**	**1109**
BCBS	124	129	78	331
PHP	227	271	213	711
WSCC	16	33	18	67
Percent of Low NF LOC determinations/redeterminations completed within required timeframes	**80%**	**86%**	**79%**	**82%**
BCBS	81%	81%	70%	78%
PHP	79%	88%	82%	83%
WSCC	94%	83%	90%	87%

Table 20: Quarterly MCO NF LOC Determinations- Community Based

Community Based Determinations	April	May	June	DY6 Q2
Total number of determinations/redeterminations completed	**2958**	**2883**	**2256**	**8097**
BCBSNM	1102	898	640	**2640**
PHP	1671	1843	1526	**5040**
WSCC	185	142	90	**417**
Total number of determinations/redeterminations that met NF LOC criteria	**2864**	**2777**	**2180**	**7821**
BCBSNM	1102	898	640	**2640**
PHP	1582	1737	1450	**4769**
WSCC	180	142	90	**412**
%	**97%**	**96%**	**97%**	**97%**
BCBSNM	**100%**	**100%**	**100%**	**100%**
PHP	**95%**	**94%**	**95%**	**95%**
WSCC	**97%**	**100%**	**100%**	**99%**
Timeliness of Determinations				
Total number of determinations/redeterminations completed within required timeframes	**1464**	**2220**	**2228**	**5912**
BCBSNM	1006	844	634	**2484**
PHP	334	1273	1504	**3111**
WSCC	124	103	90	**317**
%	**49%**	**77%**	**99%**	**73%**
BCBSNM	**91%**	**94%**	**99%**	**94%**
PHP	**20%**	**69%**	**99%**	**62%**
WSCC	**67%**	**73%**	**100%**	**76%**

During DY6 Q3, HSD monitored EQRO determination/redetermination disagreements identified in the previous quarter. For DY6 Q2 reporting, the total number of determinations/redeterminations completed for High NF LOC requests was 184, with 43 for BCBS, 131 for PHP, and 10 from WSCC.

The average percent of determinations/redeterminations that met High NF LOC criteria was aggregated at 89 percent, with 100 percent for BCBS, 85 percent for PHP, and 100 percent for WSCC respectively. The percent of determinations/redeterminations that met Low NF LOC criteria saw a 98 percent aggregate total, with all MCOs scoring above the 96 percentile.

The total number of MCO NF LOC determinations/redeterminations for Community Based for DY6 Q2 reporting that met NF LOC criteria was aggregated at 97 percent; with 100 percent for BCBS, 95 percent from PHP, and 99 percent from WSCC. Percent of determinations/redeterminations completed within required timeframes was reported at 73 percent aggregated, with 94 percent for BCBS, 62 percent for PHP, and 76 percent for WSCC respectively.

HSD will continue to monitor the EQRO audit of MCO NF LOC determinations and address any trends providing technical assistance as needed.

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AI/ AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
PHP	San Juan College Farmington, NM August 2, 2019	• At the third quarter Native American Advisory Board (NAAB) meeting PHP discussed the Traditional Medicine Benefit application process. PHP said that there are several issues that can cause the application to be denied or rejected. If members forget to indicate they are Native American on their Medicaid application, it can result in a benefit denial. • Superior Medical Transport (SMT) gave an overview of the transportation services they provide. They offer non emergent transportation to medical appointments for PHP members. Members should contact the Customer Service Center or SMT directly. The process for scheduling transportation requires 48 hour notice. This service is provided 365 days a year 24/7. Mileage reimbursement is available; however, SMT does not provide mileage. Member or provider will have to provide a letter of necessity to Presbyterian Health Plan. • PHP shared that many members are eligible for care coordination and described the process. If you don’t have a care coordinator, members were asked to request one through Presbyterian Customer Service Center (PCSC). Once a referral is made, a call to the member should be received within five days. PHP reviewed the three-steps in accessing care coordination and completing the Health Risk Assessment (HRA). Members can also decline care coordination.

BCBS	Native American Community Academy Albuquerque, NM July 25, 2019	• The third quarter Native American Advisory Board (NAAB) meeting agenda covered an overview of Blue Cross Community Centennial, the Special Beginnings program, and Home & Community Based services as well as other topics. • BCBS had breakout sessions during their NAAB on care coordination, community social services, behavioral health, transportation, the Ombudsman program, virtual visits & health information, Centennial Rewards, dental care, and member input and feedback on what is working well and what isn't working well. Some of the feedback from the attendees was for BCBS to use a microphone so that the audience can hear the speakers or find a quieter venue, to have name tags for the presenters, and if a member chooses to share their story to the group to not censor them because of HIPAA.
Western Sky Community Care	Santa Clara Pueblo Senior Center Espanola, NM July 23, 2019	• WSCC talked about their value-added services, care coordination and long-term care, quality improvement program, language assistance program for individuals with limited English proficiency, and how to reach out the WSCC Ombudsman if they need assistance with their services or have any concerns that need to be resolved. • WSCC had the attendees complete a NAAB meeting survey. When asked "*How you would rate the Native American Advisory Board"* the majority of the respondents indicated "excellent". When asked "*How helpful was the information"* the majority responded with "extremely helpful or very helpful". Several commented that everything was explained very well and the meeting was coordinated and organized.

Table 21: Status of Contracting with MCOs

MCO	Status
BCBS	BCBS remains open and willing to contract with any I/T/U provider, however they continue to be unsuccessful in engaging in meaningful negotiations with Navajo Area IHS. Navajo Area IHS is the largest, non-contracted I/T/U provider group not contracted with BCBS. They have not been responsive to BCBS outreach efforts and have not indicated an interest in entering into an agreement. BCBS will continue to reach out at least once per month to determine if the status has changed.
PHP	PHP makes every effort to contract with all I/T/Us and Tribal programs in the State. With great respect to Tribal leadership and honoring Tribal sovereignty, PHP tailors their agreements to meet each Tribe's goals and needs for their community. They are utilizing Mutual Partnership Agreements (MPAs) and Letters of Agreements (LOAs) to strengthen their collaborative efforts and improve Native American member's ability to access culturally competent healthcare and to respect their choice of IHS as their primary care provider. PHP continues to meet with I/T/Us to provide information about Value Based Purchasing (VBP) arrangements and identify interest to participate in an incentive program and develop delegated care coordination arrangements. With IHS and Tribal facilities, PHP explains the uniqueness of the Tribal Entity Initiatives VBP arrangement. They explain that they will collaborate with them to customize the program to meet the goals and needs of their community and that PHP will provide technical assistance and support to prepare them to participate throughout the program to achieve success. PHP also meets with Community Health Representative (CHR) Programs to discuss CHR reimbursement arrangements and are working with those programs that are interested in developing these agreements. **Navajo Nation Region 1 CHR Program** The CHR Program Manager and PHP Native American (NA) Affairs Director were able to continue documentation into November. PHP reviewed the spreadsheet and discussed developing a simpler process for the CHRs to quickly document the services they provide. With multiple staff developing reports, they continue to have data discrepancies which do not accurately reflect their work. Developing a tool to improve data reporting and reduce errors from manual input may be the first step to reduce the administrative burden of documentation. **Mescalero Apache CHR Program** The NA Affairs Director met with the CHR Director, data coordinator and case manager to review and revise the CHR reimbursement proposal and agreement to submit to the President of the Mescalero Apache Tribe. PHP discussed the required documentation needed to invoice for reimbursement of services. Mescalero's quarterly and annual reports are manually created, and the data coordinator wants to use this pilot to develop electronic documentation for the data to be automatically uploaded. The data coordinator will be creating work specific

	templates for the CHRs to use when meeting with their clients. They plan to have the templates completed and tested by December 2019 and to launch the pilot on January 1, 2020. They are still on target for a signed agreement by November 2019. The PHP Community Health Worker (CHW) Manager joined PHP on the second day to meet the CHRs and discuss training and technical assistance. PHP discussed office space for PHP care coordinators, CHWs, peer support specialists, etc. to assist the CHRs with referral processes and provide support for case management. The CHR case manager currently assists with in-patient admissions, discharges and transfers, and the director is very interested in developing the program for shared delegation of care coordination. **First Nations Community Healthsource (FNCH)** FNCH is receiving incentives for their participation in the Hepatitis C Provider Incentive Program. The Hep C team will continue to meet with them to develop this program and PHP will continue to provide education and outreach at the Wellness Center. **FNCH Traditional Wellness Program (TWP)** PHP continues to support FNCH TWP with referrals and collaborative efforts. As PHP expands outreach efforts with providers, programs and organizations, they are exploring additional ways of developing and partnering with the Traditional Wellness Program. **National Indian Youth Council (NIYC)** The NA Affairs Director at PHP is working with PHP Talent Development and HR Recruiting to expand the NIYC Internship program to make it available to all areas of PHP. They are also continuing to have the NIYC interns assist with the education and outreach team. **Native American Professional Parent Association (NAPPR)** NAPPR has an interim executive director that will be meeting with PHP to continue discussions on developing a Master Level Internship Program. NATI will be part of this collaborative effort. **Native American Training Institute (NATI)** NATI has located and rented office space with the support of the West Central Community Development Group. A proposal is being developed for a $24,200 grant set-aside by the City of Albuquerque. This grant will be used for expanding and enhancing training for behavioral health providers. **Kewa Pueblo Health Corporation** PHP met with the clinical operations officer to discuss VBP arrangements. They are very interested in developing this type of incentive program as they continue to expand their services. After the initial expansion phase of their Health Center, they will begin development of urgent care services.

	Kewa Family Wellness Center (KFWC) PHP continues to work with the executive director to develop an agreement that the Governor and Tribal Council will approve to move this program forward with reimbursement for services provided to PHP members. KFWC is very interested in continuing their partnership with PHP. New Mexico/Southern Colorado CHR Association Since the second quarter meeting, no additional meetings have been scheduled.
WSCC	A contract was provided and signed by the following Pueblos and Tribes: WSCC met with Ohkay Owingeh to contract for CHR services; Santa Clara Pueblo for behavioral health services and their CHR program; Picuris Pueblo for their CHR, behavioral health, and Non-Emergency Medical Transportation (NEMT) programs; Five Sandoval Indian Pueblos for their CHR, behavioral health, and long term services and supports program; and the Pueblo of Jemez. WSCC also met with the Mescalero Apache Tribe, Jicarilla Apache Tribe, San Felipe Pueblo, and Zia Pueblo but no contract was signed.

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ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	**Remediate Care Coordination Audit Findings**
COMPLETION DATE:	**Open Item**
ISSUES	Overall care coordination with focus on improved practices following the record review and the onsite review
RESOLUTION	The CNA compliance rate for DY6 Q2 remains relatively consistent to DY6 Q1 at 92 percent. BCBS leadership team continues to audit initial CNAs to ensure appropriate compliance. For Action Step 1, BCBS conducted internal audits to ensure that members enrolled in waiver categories who have a CNA indicating that they meet criteria for CCL2 or CCL3 are assigned to the correct care coordination level. BCBS showed significant improvement in the leveling of members with compliance increasing from 56% in DY6 Q1 to 90% in DY6 Q2. BCBS continued to increase compliance for correct leveling in DY6 Q3 with 92.5% receiving appropriate leveling. BCBS attributed the increase in compliance to a dedicated 1915 (c) waiver team, re-training of all BCBS care coordinators and continual, weekly training on stratification for team members. In DY6 Q3, BCBS created a weekly report capturing stratification on all Medically Fragile (095) and Developmentally Disabled (095) waiver members which has allowed for closer monitoring. BCBS will continue to conduct quarterly audits and HSD will conduct audits to confirm the reported results in DY7 Q2. For Action Step 2, BCBS conducted internal audits to ensure that member files met compliance for “easily understood language” in all Notice of Adverse Determination letters. BCBS met compliance in DY6 Q2 with 97% of member files at 6th grade or below reading level and at 91% in DY6 Q3. BCBS has included the “easily understood” requirement on their Policy and Procedures Job Aid and has conducted follow up trainings with medical Directors regarding language-level requirements. BCBS will continue to submit quarterly

	For Action Step 3, BCBS conducted internal audits to ensure that member records contain consistent and detailed disaster and back-up plans. BCBS conducted trainings in DY6 Q2 which resulted in an increase in compliance with 90% of member files having the required disaster and back-up plans. HSD conducted a confirmation audit in DY6 Q3 to confirm BCBS's results and was in agreement. HSD closed this Action Step in DY6 Q3. BCBS continues to conduct individualized staff training for any member files that do not contain all required elements. HSD continues to monitor all MCO member files as a part of ongoing, monthly audits, for compliance with all required elements including disaster and back-up plans.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	**Care Coordination Activities**
COMPLETION DATE:	**Open Item**
ISSUES	This action plan includes the following areas requiring improvement: 1. Compliance of care coordination activities (timeliness and clinical appropriateness) with HRA/CNA/NF LOC –**Closed** (CY19 Q1, BCBS updated processes for conducting HRAs and CNAs timely, improved the auditing of care coordinators work related to timeliness and re-training staff on the updated processes and revised audit tool. BCBS is finalizing workflows for oversight of Delegated Care Coordination entities. BCBS is currently working with PMS to be contracted as a DCCE and an effective date not yet been determined.) 2. Staff Training Evaluation/ Effectiveness Plan 3. Reporting 4. Burndown Plan – **Closed** (HRA backlog completed 12/31/18, CNA and NFLOC backlog completed on 4/22/19.)

RESOLUTION	The BCBS Oversight Action Plan continues to be internally monitored weekly to document progress towards resolution of open items (Action Items 2 and 3). The appropriate staff meet weekly to review the Oversight Action Plan open items. The process document related to the staff training evaluation and effectiveness plan is targeted to be finalized by 10/31/19. Enhancements of operational reports continue to be discussed with reporting and healthcare management teams.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	PCP Auto Assignment
COMPLETION DATE:	Open Item
ISSUES	BCBS identified an issue with PCP assignments for Centennial Care transition members. The enrollment system typically flags new members for auto-assignment, however the members did not get flagged as “new”, causing the auto-assign process to skip these members in the normal process.
RESOLUTION	BCBS has provided HSD with weekly remediation plan updates since 4/25/19 that outline the interim and long-term remediation efforts and timelines to remedy the PCP auto assignment issue. As of 9/23/19 BCBS has executed 60 percent of any logic changes based on end to end review. BCBS is targeting to deploy the systematic PCP auto assignment process by 11/1/19.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Nurse Advice Line
COMPLETION DATE:	Open Item
ISSUES	The Nurse Advice Line failed to meet the “85 percent of calls answered within 30 seconds” service level call metric

RESOLUTION	BCBS implemented an internal remediation plan on 7/1/19; HSD suggested eight actions included in the initial submission to HSD for the missed metric to be submitted on 8/9/19. At this time there are two open actions related to increasing staff and cross training of all staff.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	**Report 6- Care Coordination Metrics (CNAs & CCPs)**
COMPLETION DATE:	**Open Item**
ISSUES	BCBS's CY19 Q2 Report 6 submission. BCBS has not meet all benchmarks for completion within contract timeframes for: • Comprehensive Care Plans (CCPs) • Comprehensive Needs Assessments (CNAs)
RESOLUTION	HSD suggested BCBS implement an internal remediation plan on 9/13/19 to address the missed metrics for CNAs and CCPs. BCBS submitted a remediation plan that included ten actions. As of 9/20/19, three open items and two ongoing actions remain. The healthcare management and reporting teams monitor these metrics regularly.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	**Vision Service Plan: Utilization Management Audit Area**
COMPLETION DATE:	**Open Item**
ISSUES	Annual Audit, 9/20/18 Annual Audit, 9/26/19
RESOLUTION	PHP and VSP disagree on the UM findings resulting from the audit conducted on 9/20/18. Therefore, the UM element received N/A (not applied) for scoring purposes. PHP is conducting its annual audit. Audit is in process.

RESBYTERIAN HEALTH PLAN	
ACTION PLAN	**Superior Medical Transportation (SMT)**
COMPLETION DATE:	**Open Item**
ISSUES	Improvement Plan- wheelchair access issues
RESOLUTION	Measure: Ensure all members requiring wheelchair transportation are transported to and from appointments via appropriate wheelchair vehicles to meet members transportation needs. Goal: 100 percent compliant SMT is working aggressively at building the wheelchair vehicle network throughout the State. SMT continues to evaluate the need for additional wheelchair units, so it can strategically place wheelchair vans in areas where wheelchair units are scarce. The fleet expansion will fill the voids in the frontier and rural communities. SMT continues to encourage current providers to expand wheelchair services in their areas. Due to the high cost and liability exposure, many are reluctant. SMT has reached out to other providers to contract. Two are pending with credentialing. SMT is utilizing all resources available to ensure members are receiving appropriate transportation.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Superior Medical Transportation (SMT)
COMPLETION DATE:	Open Item
ISSUES	Improvement Plan- Transportation provider no-shows
RESOLUTION	Measure: Ensure all members are picked up for their appointments and return home transports Goal: 100 percent compliant The July 2019 Provider no-show report shows an increase from June 2019 (79 in June to 107 in July). We Care Transportation

	has 50 percent of these and is on a CAP. We Care is working internally to remedy this situation and to improve their communication with SMT. We Care is accepting transportation assignments, and in these cases, they did not communicate with SMT that they could not accommodate the trips. SMT has notified We Care if processes do not improve and if it does not address these Provider No Shows, SMT will report this information to the NM Public Regulations Commission (PRC). Other Contracted Transportation Provider (CTP) letters were sent to the CTPs requesting improvement processes to address their driver late

	PRESBYTERIAN HEALTH PLAN
ACTION PLAN	**DentaQuest**
COMPLETION DATE:	**Open Item**
ISSUES	Annual Audit, May 23, 2019
RESOLUTION	A. Administrative & Compliance Audit = 100 percent B. Financial Audit = 100 percent C. Claims Timeliness and Claims Accuracy = 100 percent D. Provider Network = 100 percent E. Credentialing = 100 percent F. Utilization Management 1) File Review = 100 percent 2) Administrative Review = 95 percent Improvement Plan required for the following items: a. UM 2B - PHP requires DentaQuest to develop and submit documentation describing a process for routine oversight by Dental Consultants of the accuracy and appropriateness of medical necessity approval determinations completed by non-licensed clinicians. DentaQuest must also provide documentation describing the licensed clinical staff responsible for day-to-day supervision of UM staff,

	participation in staff training, monitoring for consistent application of criteria for each level and type of UM decision, monitoring documentation for adequacy, and being available to UM staff on site or by telephone. b. UM 4F- This element requires submission of a policy and procedure for utilizing Dental Consultants. The consultant list provided in the rebuttal does not cover the list of specialties indicated in the program description reference, nor is it clear in the documentation that the consultants are board-certified. Additionally, DentaQuest did not provide any case files showing evidence of use of board-certified consultants. The request for a remediation plan to be submitted remains and should include the development of a policy and procedure, a formal list of consultants available including identification of certifying board and inclusion of all necessary specialties, and how use of board certified consultants is documented in case files and identifiable for audits. c. UM Templates - DentaQuest failed to accurately implement the templates received, resulting in the required reference to the Centennial Care approval number not being present on the letter. PHP does not accept DentaQuest's plan to await receipt of new templates from PHP as the pending templates are not related to this finding. G. Appeals & Grievances Audit = 100 percent H. IT & Reporting = 100 percent I. Fraud, Waste and Abuse = 100 percent

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	**Incorrect Fax Number**
COMPLETION DATE:	**7/31/2019**
ISSUES	An incorrect fax number was printed in the member handbook, welcome brochure, member grievance and appeal letters, UM and Pharmacy denial letters and on the member website.

RESOLUTION	WSCC has taken the following actions to investigate and mitigate the possible disclosure of personal or protected health information: • WSCC made numerous attempts using multiple avenues to identify the owner of the incorrect fax number. WSCC's communications carrier was able to contact the owner of the fax line, however the owner is not willing to communicate with WSCC. On 4.19.19, WSCC faxed the owner an attestation that any PHI received had been destroyed and requested that the owner sign and return the form. The owner has not responded. • WSCC posted a message on its member and provider website to make customers aware of the incorrect fax number and provide the correct fax number. WSCC initiated an outbound call campaign to notify members of the incorrect fax number. Outbound calls were made to anyone who received a letter with the incorrect fax number or to any member who was mailed a handbook. 600 calls were placed and none of the members who were successfully contacted identified using the incorrect fax number.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	**SSN Data Breach**
COMPLETION DATE:	**Open Item**
ISSUES	On 4/03/2019, WSCC became aware that member ID cards had not been mailed to identified members but were mailed to different WSCC members. This erroneous mailing directly impacted 261 WSCC members.
RESOLUTION	WSCC alerted HSD on 4/3/2019 of its investigation of the unauthorized disclosure and provided an Incident Notification on 4/8/19. Based on its risk assessment, WSCC determined that a breach had occurred. The cause of the breach was determined, and a process review and staff training were implemented.

	The affected members were notified by letter within the timeframe identified in 45 CFR 164.404. In consultation with HSD, WSCC has developed a mitigation plan that will be implemented in Q3 and includes the following: 1. Notification to the PCPs of affected members. PCPs will receive a letter notifying them of an increased potential of ID card fraud and a reminder to validate the identity of patients. 2. Request to return ID cards with Attestation: in a single envelope, WSCC will mail two letters to the recipients of the mis-mailed ID cards. One letter will ask the recipient to return the ID card that was received in error. The second letter will ask the recipient to sign and return an attestation affirming that the received ID card will not be used or copied, nor will any information on the card be shared. A self-addressed stamped envelope will be provided to the recipient to return the ID card and the attestation. To date, WSCC has not received any reports from providers or members of any attempts to use the mis-mailed ID cards. It is anticipated that this plan will be closed in Q4.

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FINANCIAL/ BUDGET NEUTRALITY DEVELOPMENT/ ISSUES

DY6 Q3 reflects the new capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid on December 28, 2018, rate updates for April 1, 2019 for full contracting with the teaching hospital, and July 1, 2019 rate updates. The PMPM of DY 6 is lower compared to those of DY 5 for MEGs 1, 3 and 4; the PMPM of DY 6 is higher than those of DY 5 for MEGs 2, 5, and 6 (see Attachment A – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG). On Attachment A – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis shows DY 6 is 6.3% below the budget neutrality limit (Table 6.5) based on three quarters of payments.

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MEMBER MONTH REPORTING

Member Months		2019
		2
MEG1	0-FFS	103,215
	Presbyterian	546,653
	Western Sky	91,425
	Blue Cross Blue Shield	324,066
	Total	**1,065,359**
MEG2	0-FFS	6,363
	Presbyterian	61,759
	Western Sky	10,173
	Blue Cross Blue Shield	33,710
	Total	**112,005**
	Presbyterian	68,997
	Western Sky	6,673
	Blue Cross Blue Shield	30,643
	Total	**106,313**
MEG4	0-FFS	27
	Presbyterian	375
	Western Sky	45
	Blue Cross Blue Shield	280
	Total	**727**
	Presbyterian	6,816
	Western Sky	630
	Blue Cross Blue Shield	4,643
	Total	**12,089**
MEG6	0-FFS	67,095
	Presbyterian	368,722
	Western Sky	59,073
	Blue Cross Blue Shield	261,441

January 1, 2019 – December 31, 2023

	Total	**756,331**
Total		**2,052,824**

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CONSUMER ISSUES

Grievances
HSD reviewed and analyzed data submitted monthly by the MCOs (Report #37) related to grievance reason codes and timeliness response standards to ensure that grievances filed by members are addressed timely and appropriately. The results of this review are included below:

DY6 Q2 (APRIL - JUNE 2019)			
GRIEVANCES	BCBS	PHP	WSCC
Number of Member Grievances	436	337	41
Top Two Primary Member Grievance Codes			
Transportation Ground Non-Emergency	294	98	14
Other Specialties	20	11	0
Variable Grievances	122	228	27

Appeals
HSD reviewed and analyzed data submitted monthly by the MCOs related to appeal response standards and reason codes to ensure that appeals filed by members are addressed timely and appropriately. The results of this review are included below:

DY6 Q2 (APRIL - JUNE 2019)			
APPEALS	BCBS	PHP	WSCC
Number of Standard Member Appeals	318	626	35
Number of Expedited Member Appeals	74	5	6

DY6 Q2 (APRIL - JUNE 2019)			
APPEALS	BCBS	PHP	WSCC
Top Two Primary Member Appeal Codes			
Denial or limited authorization of a requested service	220	531	40
Denial in whole of a payment for a service	249	12	0
Variable Appeals	-77	88	1

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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 22: 2019 MCO Advisory Board Meeting Schedules below.

Table 22: 2019 MCO Advisory Board Meeting Schedules

BCBS 2019			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	3/21/2019	12:00 PM	Special Collections Library, Albuquerque, NM
BCBS	6/13/2019	12:00 PM	Adelante Development Center Inc., Albuquerque, NM
BCBS	9/19/2019	12:00 PM	Adelante Development Center Inc., Albuquerque, NM
BCBS	12/12/2019	12:00 PM	South Valley Multi-Purpose Senior Center, Albuquerque, NM
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	2/27/2019	12:00 PM	Frank O'Brien Papen Center, Las Cruces, NM
BCBS	7/11/2019	12:00 PM	Clovis Carver Public Library, Clovis, NM
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	2/7/2019	12:00 PM	Navajo Technical University, Crownpoint, NM
BCBS	4/17/2019	12:00 PM	Zuni Wellness Center, Zuni, NM
BCBS	7/25/2019	12:00 PM	Native American Community Academy, Albuquerque, NM

BCBS	10/17/2019	12:00 PM	Shiprock Chapter House, Shiprock, NM

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	See above	See above	All above locations (SDCB included in each meeting)

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	See above	See above	All above locations (SDCB included in each meeting)

PHP 2019

MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	3/8/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	6/7/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	9/6/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	12/6/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM

STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	9/6/2019	11:00 AM	La Posta Restaurant, Mesilla NM 88046
PHP	12/6/2019	11:00 AM	La Cueva Restaurant, Taos NM 87581

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	3/8/2019	11:00 AM	Crownpoint Chapter House, Crownpoint NM
PHP	4/26/2019	11:00 AM	Espanola Presbyterian Hospital, Espanola, NM
PHP	8/2/2019	11:00 AM	San Juan College, Farmington NM

PHP	11/8/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	TBD	TBD	TBD

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	3/12/2019	1:00 PM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	6/11/2019	1:00 PM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	9/10/2019	1:00 PM	Presbyterian Cooper Administrative Center, Albuquerque NM

WSCC 2019			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	1/23/2019	5:30 PM	Las Cruces Convention Center, Las Cruces, NM
WSCC	4/10/2019	5:30 PM	CNM Workforce Training Center, Albuquerque, NM
WSCC	7/11/2019	5:30 PM	Hobbs Public Library, Hobbs, NM
WSCC	10/11/2019	11:00 AM	Española Public Library, Española, NM
WSCC	12/3/2019	11:00 AM	Albuquerque Public Library, Albuquerque, NM

STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	1/23/2019	5:30 PM.	Las Cruces Convention Center, Las Cruces, NM
WSCC	7/11/2019	5:30 PM	Hobbs Public Library, Hobbs, NM
WSCC	10/11/2019	11:00 AM	Española Public Library, Española, NM

NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	1/9/2019	11:00 AM	Gallup Community Service Center, Gallup, NM

WSCC	3/27/2019	5:00 PM	San Juan Community Center, Farmington, NM
WSCC	7/18/2019	1:00 PM	Santa Clara Senior Center, Santa Clara, NM
WSCC	11/15/2019	5:30 PM	Taylor Ranch Community Center, Albuquerque, NM

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	6/22/2019	4:30 PM	Munson Senior Center, Las Cruces, NM

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	10/9/2019	4:30 PM	Española Public Library, Española, NM

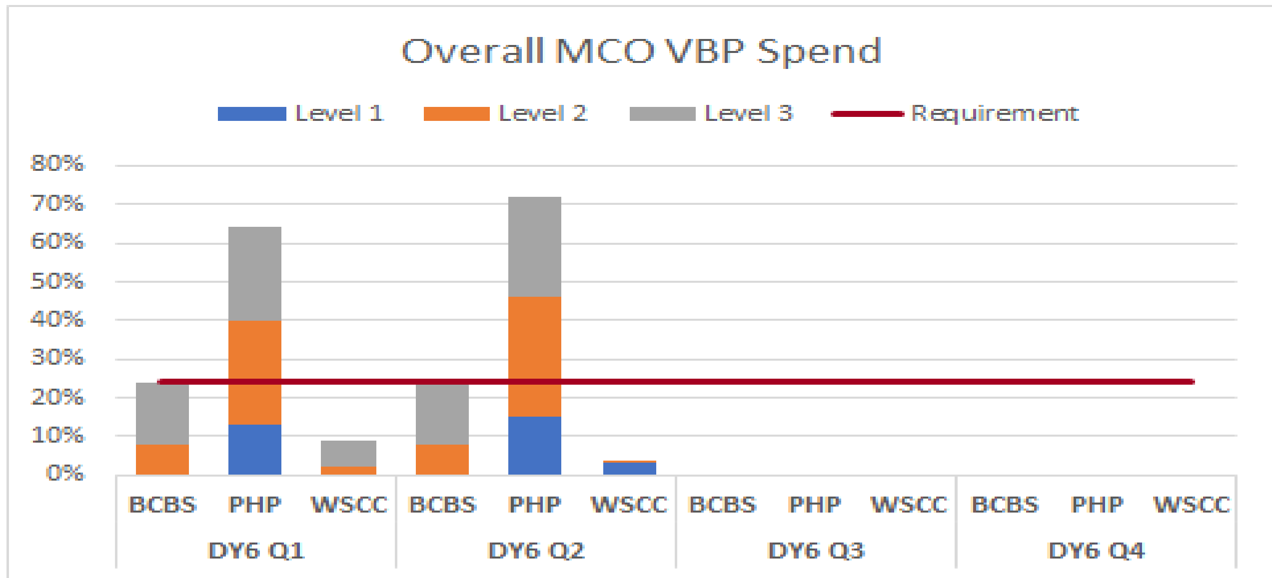
Quality Assurance	
3rd Quarter Activities	HSD received the MCO Q2 CY19 tracking measure (TM) reports on July 25, 2019. HSD reviewed the reports for accuracy of reporting methodology and completeness. HSD held the Quarterly Quality Meeting with the MCOs on August 21, 2019. HSD provided updates and responded to questions from the MCOs regarding the proposed changes to HEDIS 2020. HSD presented aggregated results of the CY18 Audited HEDIS reports submitted by the MCO on June 30th. HSD and the MCOs discussed barriers and interventions as well as best practices that could be applied to further improve outcomes.
	HSD continues to participate in weekly calls with the EQRO to review the status of EQR projects and to discuss concerns and provide HSD feedback to the contractor regarding the various EQR projects and NF LOC determination audits. EQRO activities in Q3 consisted of the following: CY17 EQR reviews and validations for Compliance, PIPs and Network Adequacy are currently being finalized with HSD leadership and will be posted to the HSD website once approved. CY18 EQR reviews and validations have been completed by the EQRO. HSD staff attended the MCO on site visits for the Compliance Review on September 18th and 19th. The EQRO is drafting the EQR reports of findings for the Compliance Review, PM validation, PIP validation and Network Adequacy validation which will submit to HSD for review and comment in November. CY19 EQR review and validation workplans and review tools are being developed by the EQRO and will be submitted for review and approval to HSD in Q4.

Utilization
Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for April 2017 through March 2019. 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. DY6 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required Spend	8%	11%	5%
Required Provider Types	• Traditional PH Providers with at least 2 Small Providers • BH Providers • Long-Term Care Providers including Nursing Facilities	• Traditional PH Providers with at least 2 Small Providers • BH Providers • Actively build readiness for Long-Term Care Providers • Actively build readiness for Nursing Facilities	• Traditional PH Providers • Implement a MCO led BH provider level workgroup

For DY6 Q2, two of the MCOs have already met or exceeded the required VBP spend target of 24%. WSCC is currently negotiating VBP contracts with providers that will be retroactive to DY6 Q1.



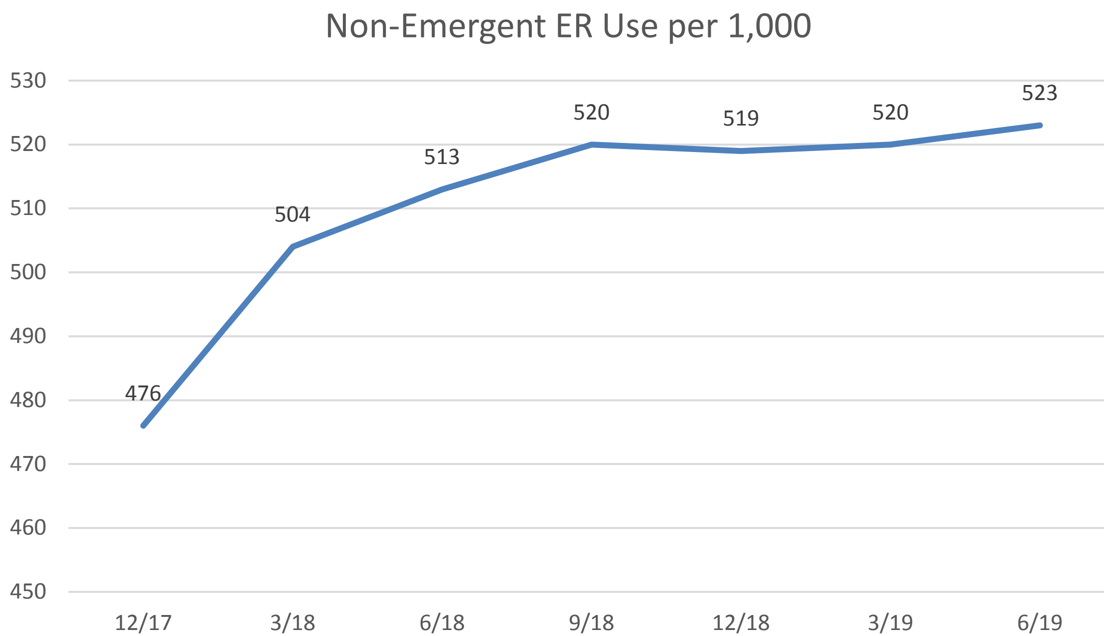
Low Acuity Non-Emergent Care (LANE)

The measurement period above is defined as a 12-month rolling calendar year. Between July of 2018 and June 2019, the average number of visits to the emergency department for non-emergent care increased by 3 from 520 to 523 visits per 1,000 members on claims.

In response to the increasing number of emergency room visits for non-emergent care, HSD incorporated requirements into its Managed Care Contracts for MCOs to monitor the usage of emergency rooms by their members and evaluate whether lesser acute care treatment options were available at the time services were provided. Through outreach efforts, care coordinators discuss appropriate utilization with the member and/or their provider and when appropriate conduct an assessment to update the member's care plan to better manage the member's health needs.

Under this requirement, MCOs have improved processes to identify high utilizer members by monitoring data such as diagnosis codes and emergency room visit encounters. The MCOs continue to implement member engagement initiatives to assist in identifying member challenges through system wide activities which include; outreach by care coordinators, peer-support specialists and community paramedics to ensure that members are taking medications on time and as prescribed, using equipment appropriately and safely, and have scheduled follow-up visits with their primary care providers.

Table 23: Non-Emergent ER Use per 1,000 Members



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MANAGED CARE REPORTING REQUIREMENTS

TRANSITION TO CENTENNIAL CARE 2.0 MCOs

HSD continued to monitor high risk member transitions from legacy MCOs to Centennial Care 2.0 MCOs in DY6 Q3. Weekly reporting was discontinued at the end of DY6 Q1 when regularly scheduled quarterly reports began.

HSD identified several deficiencies in BCBS' call center performance and underperforming with the Nurse Advice Line metrics. HSD is closely monitoring BCBS' efforts to remediate these areas of non-compliance, and BCBS has implemented an internal action plan specifically for improving the Nurse Advice Line metrics (see Section 9 – MCO Action Plans). BCBS and PHP have been underperforming with completing some care coordination activities within required timeframes. These activities are targeted for timely completion improvement.

COMMUNITY HEALTH SYSTEMS (CHS) AND MCO CONTRACTING

In DY6 Q2, PHP and BCBS successfully contracted with Community Health Systems. This item is closed.

GEOGRAPHIC ACCESS

Geographic access performance standards remain the same in DY6 with the requirement that at least 90% of members having access to certain provider categories in urban, rural, and frontier geographic areas within a defined distance. Centennial Care 2.0 is effective January 1, 2019 with the two legacy MCOs, PHP and BCBS, and one new to Centennial Care 2.0 MCO, WSCC.

For this quarter, HSD implemented revised reporting templates and instructions in an effort to improve clarity and continuity across all 3 MCOs. The Physical Health Geographical Access Table will show that delegated and directed Personal Care Service Agencies have been combined into one provider category.

Physical Health and Hospitals

The legacy MCOs demonstrated steady access with slight fluctuations.

- Legacy 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, rheumatology, and urology services as well as access to neurosurgeons are anticipated to be limited due to provider shortages in rural and frontier areas.
  - BCBS demonstrates an increase in member access to endocrinology in rural areas (8.9%) and frontier areas (8.7%) and to rural Neurosurgeons (4.5%).
- MCOs report recruiting efforts for specific provider categories in areas of low access.

HSD found WSCC to be comparable to legacy MCOs in most provider categories. HSD continues to provide technical assistance as WSCC aligns their data systems.

- Low member access percentages in Rheumatology are due to data pulling and processing issues.
- Accurate reporting of transportation and personal care services has been resolved.

Table 24: Physical Health Geographical Access

Q3DY6 Attachment - GeoAccess PH Q2 Calendar Year 2019 (April 1st - June 30th, 2019)									
		Meets Standard			Does Not Meet				
	Urban			Rural			Frontier		
PH - Standard 1	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	99.9%	99.9%
Pharmacies	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	100.0%
FQHC - PCP Only	100.0%	100.0%	100.0%	90.6%	99.1%	99.3%	99.9%	93.2%	98.7%
PH - Standard 2									
Cardiology	99.2%	98.8%	98.7%	99.6%	100.0%	99.9%	99.9%	99.9%	99.8%
Certified Nurse Practitioner	99.3%	100.0%	100.0%	99.8%	100.0%	100.0%	99.9%	100.0%	100.0%
Certified Midwives	99.0%	98.9%	98.5%	89.3%	93.9%	93.5%	99.9%	98.4%	98.4%
Dermatology	70.9%	98.8%	61.9%	55.1%	74.4%	67.9%	81.2%	84.6%	87.7%
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	83.5%	100.0%	100.0%	100.0%
Endocrinology	94.2%	98.8%	98.6%	70.8%	79.2%	47.3%	83.9%	92.7%	82.8%
ENT	99.0%	98.7%	98.6%	82.7%	99.6%	91.8%	92.2%	97.8%	85.2%
FQHC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/Oncology	99.0%	98.9%	98.5%	99.4%	98.3%	96.9%	99.1%	97.8%	97.1%
Neurology	99.0%	98.8%	98.4%	91.6%	92.0%	79.9%	87.7%	89.9%	88.5%
Neurosurgeons	99.0%	98.7%	98.6%	42.0%	68.6%	33.1%	68.1%	86.4%	70.3%
OB/Gyn	99.2%	99.0%	98.6%	99.8%	99.8%	99.8%	99.8%	99.8%	100.0%
Orthopedics	99.2%	98.9%	98.6%	99.5%	100.0%	99.8%	99.8%	98.4%	98.3%
Pediatrics	100.0%	98.9%	98.7%	100.0%	99.7%	99.7%	99.9%	100.0%	100.0%
Physician Assistant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Podiatry	99.0%	99.0%	98.7%	99.7%	99.7%	99.8%	99.9%	99.9%	98.4%
Rheumatology	93.1%	98.8%	36.7%	69.9%	86.6%	30.3%	82.2%	84.8%	26.0%
Surgeons	99.2%	98.9%	98.8%	99.8%	100.0%	99.9%	99.9%	99.9%	100.0%
Urology	98.9%	98.7%	98.6%	88.0%	84.3%	84.4%	94.4%	89.7%	95.7%
LTC - Standard 2									
Personal Care Service Agencies (PCS) - delegated/ directed	99.1%	100.0%	98.7%	92.2%	100.0%	96.2%	99.9%	100.0%	100.0%
Nursing Facilities	94.9%	92.5%	93.8%	99.5%	99.1%	99.8%	99.8%	100.0%	100.0%
General Hospitals	99.1%	98.9%	98.7%	99.5%	99.4%	99.8%	99.9%	99.9%	100.0%
Transportation	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

TRANSPORTATION

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

- **New Initiatives:** HSD identified a special transportation initiative developed by PHP in DY6 Q1 report. PHP continues to encourage members to sign up and use the MyRide application for travel arrangements. The application currently has 842 members signed up and using it for routine transportation requests.

- **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 identified a lack of wheelchair accessible transportation options as a barrier to member access and reported an increase in transportation provider no shows. See section 9 of this report for improvement plans in regards to these barriers and provider issues.

TELEMEDICINE DELIVERY SYSTEM IMPROVEMENT PERFORMANCE TARGET (DSPIT)

The CY19 Telemedicine Delivery System Improvement Performance Target (DSIPT) for Centennial Care 2.0 counts unduplicated members served in rural, frontier, and urban areas of New Mexico.

CY19 serves as the MCO's baseline year for the Telemedicine DSIPT. This measurement tracks unduplicated members with physical health and behavioral health telemedicine visits and focuses on increasing telemedicine availability and utilization along with expanding member education and provider support.

All MCO's reported a substantial decrease in unduplicated members served in CY19 Q2 compared to CY19 Q1. This is due to a change in reporting regarding duplication of member counts as a member counted only once for the year and is not counted in subsequent quarters, even if served with telemedicine visits in multiple quarters.

Table 25: Unduplicated Members Served with Telemedicine

Total Unduplicated Members Serviced with Telemedicine (April– June 2019)			
MCO	Q2CY19 Behavioral Health Visits	Q2CY19 Physical Health Visits	Q2CY19 Total Unduplicated Members
BCBS	394	606	957
PHP	721	319	965
WSCC	174	53	222
Total	**1,289**	**978**	**2144**

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DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
3rd Quarter Activities	HSD is awaiting CMS feedback and comment of the DY 1 through DY 4 1115 Demonstration Waiver Evaluation final report which was submitted on April 30, 2019. HSD submitted the final draft of the 1115 Demonstration Waiver Evaluation Design Plan to CMS on June 27, 2019 for review and approval and is awaiting feedback. HSD has initiated the procurement process to secure an independent evaluator of the 1115 Demonstration Waiver Renewal and commenced with drafting the request for proposal (RFP).

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ENCLOSURES/ATTACHMENTS

Attachment A: July 2017 – June 2019 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet

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

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STATE CONTACTS

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ADDITIONAL COMMENTS

MCO INTIATIVES

BCBS Telehealth Grant Program Update

BCBS reported its Telehealth Grant Program in DY5 Q3 which awarded several providers funding to develop or expand telemedicine services. The table below shows utilization outcomes for those grants. Highlighted in dark blue are the utilization results for DY5 Q3 and Q4 compared to DY6 Q1 and Q2 (which includes claims run-out for DY5 Q3). Each of the providers' utilization increased during the first half of 2019, and several providers began telemedicine services for the first time in DY5 Q4 or DY6 Q1. The telemedicine services not only provide access to services for members in rural or frontier areas, but they also reduce members' travel time in order to receive those services.

Sum of MBRVISIT	Column Labels							
	<7/3/2018	2018		2018 Total	2019		2019 Total	Grand Total
Row Labels		Qtr3	Qtr4		Qtr1	Qtr2		
A New Hope Therapy					4		4	4
Border Area		5	59	64	130	153	283	347
Guidance Center of Lea County			5	5	55	33	88	93
Hidalgo Medical Services		66	76	142	155	133	288	430
Kids Counseling			37	37	55	29	84	121
Santa Fe Recovery Center					4	4	8	8
The Or Factor					1		1	1
(blank)								
Grand Total		71	177	248	404	352	756	1004

Provider Testimonials

"With the grant funds, we were able to change our internet services to a more robust interface in order to provide a consistent video feed for services. We were also able to buy the appropriate computers needed to provide telemedicine services. We encountered barriers in the form of obtaining the necessary internet services in a rural community where our options are limited for the high-speed connection needed to provide telemedicine services with connection stability and consistency. We have since obtained a reliable internet service which has proven to help with the speed and consistency needed to provide telemedicine services."

- Kids Counseling, Inc.

"The ability to provide telehealth services to our clients has increased their participation and consistent attendance to therapy, as it removes the barrier of transportation and travel time for
some of our more outlying communities. It is well established that consistency in treatment is one of the most important factors in achieving and maintaining progress in treatment. As a community resource, we are now able to offer service to more of our community members and increase their potential for success with the addition of telehealth services."

- A New Hope Therapy Center

PHP Diabetes Prevention Program

PHP partnered with Good Measures™ to provide Centennial Care members with a new prevention program, The Path for Wellness Diabetes Prevention Program. The program is designed to help members build healthy habits, lose weight, become more physically active, and reduce their risk of developing Type 2 diabetes. Eligible members can enroll and engage at no cost. Participants have access to a personal registered dietitian/lifestyle coach, an app to access the start-of-the-art digital platform, and a bluetooth-enabled scale. The curriculum includes: personalized coaching, individual and group classes, and access to healthy recipes. Providers and medical management teams can refer eligible members to the program.

As of August 2019, 45 Centennial Care members have enrolled in the Diabetes Prevention Program. Early outcomes demonstrate that 72% have experienced weight loss, with an average body-weight change of -5.3%. The program is off to a promising start with plans to continue outreach and referral efforts throughout 2019 and beyond.

WSCC MyStrength Initiative

The WSCC myStrength innovation became available to WSCC members at the beginning of Centennial Care 2.0. The myStrength program is an online, virtual mental health club that includes a personal home page. Members can work on exercises, explore videos and articles specially selected to help them feel and stay better. MyStrength's customizable tool offers members the ability to take responsibility for their health care and learn more about their diagnoses, track their symptoms, and receive motivational information. The latest content updates to myStrength have included opioid recovery, mindfulness, and post-partum mental health. A mobile app is also available. WSCC staff have been trained to assist members with signing up and with understanding the member experience of myStrength and its evidence-based approach. WSCC also makes myStrength available to its employees.

MEMBER SUCCESS STORIES

A BCBS member had her initial Comprehensive Needs Assessment (CNA) completed on January 28, 2019. During the meeting, the member presented as sad, depressed, and had no hope for the future. The home she lived in was a dilapidated, older mobile home with exposed wiring, no reliable heating source, and leaks in the roof. She did not have resources for help and did not know how to go about getting help. The member is very shy with significant physical disabilities. The Care Coordinator (CC) gained her trust and referred her to Valle Del Sol in Taos (a community resource), and to a BCBS Community Health Worker (CHW). Valle del Sol provided support by driving her to appointments and to shop for food. After the assessment she agreed to the Adult Benefit Plan (ABP) exempt and was approved for full Medicaid benefits. A NF LOC approval and PCS services quickly followed. The member also made a friend at Valle del Sol. At the most recent face-to-face visit with her CC, the member showed happiness and reported that she should be in a new low-cost housing apartment soon. She was so excited and reported that her friend from Valle del Sol was coming to take her for lunch. Just a few weeks ago, the BCBS CHW advised the CC that the member's housing was approved on August 1, 2019. This is truly a success story. When the CC visits the member now, she finds the member to be a much happier and healthier person.

A PHP member with Type 1 diabetes had been suffering with debilitating symptoms and had repeated visits to the Emergency Room (ER) over the past year. The member became increasingly ill as the year progressed. The member's support broker continually encouraged the member to request an insulin pump from his primary care physician (PCP); his PCP repeatedly requested the pump but it had never been approved. In the meantime, PHP's clinical operations had a monthly webinar in which the correct process for submitting such authorizations was explained. It was clarified that an endocrinologist had to provide justification and notes with such a request. The support broker relayed this to member. The member was then able to get an appointment with his endocrinologist. When the provider saw how sick the member was and how great his need was, she called the member's support broker to say, "Thank you for your care." Through coordinated effort from all involved, the insulin pump was approved, purchased, delivered, and activated by the endocrinologist. During the last member visit, the member was adjusting to his new pump, was doing much better, and was staying out of the ER.

The efforts of a WSCC Housing Management Specialist (HMS) contributed to a member's access to housing as her circumstances changed. The member had originally expressed interest in a two-year program that included family housing and educational opportunities. When the member obtained employment and was no longer eligible for that program, the HMS referred her to another organization's work or school family housing program. Through that referral, the HMS became aware that the member was a candidate for housing though the programs of other organizations. With the assistance of the HMS, the member was accepted into a program that provided temporary housing and assistance in locating permanent housing.