




Michelle Lujan Grisham, Governor
David R. Scrase, M.D., Secretary
Nicole Comeaux, J.D., M.P.H., Director

Letter of Direction #72

Date: December 15, 2021

To: Centennial Care 2.0 Managed Care Organizations

From: Nicole Comeaux, Director, Medical Assistance Division 

Subject: Measurement Year 2020 CAHPS 5.0H Revised State Supplemental Questions

Title: MY 2020 CAHPS 5.0H Revised State Supplemental Questions

Pursuant to the current Centennial Care 2.0 Professional Services Agreement, Section 4.12.5.2.3, Centennial Care Managed Care Organizations (MCOs) shall include the HSD required supplemental survey questions approved by NCQA in its CAHPS that are listed in Contract Amendment #2 Attachment 9: CAHPS Supplemental Questions. The purpose of this LOD is to revise Attachment 9: CAHPS Supplemental Questions. Effective with the 2021 CAHPS survey for Measurement Year 2020 (MY 2020), the supplemental questions shall be as identified in this LOD Attachment 1, CAHPS Supplemental Questions.

Effective with the 2021 CAHPS survey for MY 2020, the following supplemental questions shall be removed from the CAHPS survey:

Fall Risk

NCQA Tracking Number	Adult Questions	Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always)	If Required by State Medicaid Agency, which one?	NCQA Decision
000237	FRM1	A fall is when your body goes to the ground without being pushed. In the past 6 months, did you talk with your doctor or other health provider about falling or problems with balance or walking?	Yes No [I had no visits in the past 6 months]	Approve
000238	FRM2	Did you fall in the past 6 months?	Yes No	Approve

000239	FRM3	In the past 6 months, have you had a problem with balance or walking?	Yes No	Approve
000240	FRM4	Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include: Suggest that you use a cane or walker. Check your blood pressure lying or standing. Suggest that you do an exercise or physical therapy program. Suggest a vision or hearing testing.	Yes No [I had no visits in the past 6 months]	Approve

Attachment 1 to this LOD revises the 2021 CAHPS Supplemental Questions for MY 2020 to remove the Fall Risk Adult Questions from Attachment 9 of the current Centennial Care 2.0 Professional Services Agreement.

Please contact Kathy Leyba at Katherine.Leyba@state.nm.us for questions related to this LOD.

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

Attachment: LOD # 72 Attachment 1 CAHPS Supplemental Questions (Contract Attachment 9)

Letter of Direction #72 Attachment 1 CAHPS Supplemental Questions

Attachment 9: CAHPS Supplemental Questions

NCQA Tracking Number	Child Questions	Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always)	If Required by State Medicaid Agency, which one?	NCQA Decision
990032	In the last 6 months, did anyone from your child’s health plan, doctor’s office, or clinic help coordinate your child’s care among these doctors or other health providers?	1) Yes 2) No	New Mexico	Approve
990033	In the last 6 months, who helped to coordinate your child’s care?	1) Someone from your child’s health plan 2) Someone from your child’s doctor’s office or clinic 3) Someone from another organization 4) A friend or family Member 5) You	New Mexico	Approve
990010	How satisfied are you with the help you got to coordinate your child’s care in the last 6 months?	1) Very dissatisfied 2) Dissatisfied 3) Neither dissatisfied nor satisfied 4) Satisfied 5) Very satisfied	New Mexico	Approve

NCQA Tracking Number	Adult Questions	Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always)	If Required by State Medicaid Agency, which one?	NCQA Decision
990034	In the last 6 months, did anyone from your health plan, doctor's office, or clinic help coordinate your care among these doctors or other health providers?	1) Yes 2) No	New Mexico	Approve
990035	In the last 6 months, who helped to coordinate your care?	1) Someone from your health plan 2) Someone from your doctor's office or clinic 3) Someone from another organization 4) A friend or family Member 5) You	New Mexico	Approve
99008	How satisfied are you with the help you received to coordinate your care in the last 6 months?	1) Very dissatisfied 2) Dissatisfied 3) Neither dissatisfied nor satisfied 4) Satisfied 5) Very satisfied	New Mexico	Approve
990036	In the last 6 months, have you received any material from your health plan about good health and how to stay healthy?	1) Yes 2) No	New Mexico	Approve
990037	In the last 6 months, have you received any material from your health plan about Care Coordination and how to contact the Care Coordination unit?	1) Yes 2) No	New Mexico	Approve
990038	Did your Care Coordinator sit down with you and create a Plan of Care?	1) Yes 2) No	New Mexico	Approve

NCQA Tracking Number	Adult Questions	Response Categories Response categories must be confined to one cell. Separate each response option with a semicolon (e.g., Never; Sometimes; Usually; Always)	If Required by State Medicaid Agency, which one?	NCQA Decision
990009	Are you satisfied that your care plan talks about the help you need to stay healthy and remain in your home?	<ol style="list-style-type: none"> 1) Very dissatisfied 2) Dissatisfied 3) Neither dissatisfied nor satisfied 4) Satisfied 5) Very satisfied 	New Mexico	Approve
