



## **CENTENNIAL CARE 2.0 DEMONSTRATION**

Section 1115 Demonstration Quarterly Report  
Demonstration Year: 8 (1/ 1/ 2021 – 12/ 31/ 2021)  
Quarter 3/ 2021

December 28, 2021

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# 1

## 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 continues 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 2021 Draft to CMS on March 30, 2021	CMS provided feedback on July 26, 2021. The 2021 Draft Quality Strategy is currently in revision to incorporate CMS preliminary feedback and to align with CMS 2021 Quality Strategy Toolkit.
Substance Use Disorder (SUD) Implementation Plan	Approved by CMS on May 21, 2019	Approved by CMS on May 21, 2019
Evaluation Design Plan	Submitted to CMS on June 27, 2019	Approved by CMS on April 3, 2020
SUD Monitoring Protocol	Submitted July 31, 2019	Approved by CMS on July 21, 2020
1115 Demonstration Amendment #2	Submitted on March 1, 2021	Completeness Letter Received on March 25, 2021

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## ENROLLMENT AND BENEFITS INFORMATION

**Table 1: QUARTER 3 MCO MONTHLY ENROLLMENT CHANGES**

MANAGED CARE ORGANIZATION	6/30/2021 ENROLLMENT	9/30/2021 ENROLLMENT	PERCENT INCREASE / DECREASE Q3
Blue Cross Blue Shield of New Mexico (BCBS)	279,068	284,542	2.0%
Presbyterian Health Plan (PHP)	412,342	417,553	1.3%
Western Sky Community Care (WSCC)	82,095	84,244	2.6%

Source: Medicaid Eligibility Reports, June 2021 & September 2021

### **MCO Per Capita Medical Costs:**

For this quarter the financial data as reported by the MCOs is under further review. HSD is working with the MCOs to ensure that data reported is correct and meets all reporting requirements. An updated dashboard will be provided next quarter.

### **CENTENNIAL CARE 1.0 TO CENTENNIAL CARE 2.0 TRANSITION**

#### ***Molina Healthcare Plan Termination***

Molina Healthcare (MHC) was required to comply with all duties and obligations incurred prior to the contract termination date of 12/31/18, as well as continuing obligations following termination. Following internal review and discussion with MHC, HSD decided that a determination concerning MHC’s completion of its continuing obligations would be made after all financial transactions were finalized. MHC submitted its final termination plan on March 31, 2021. In DY8 Q3, HSD identified that MHC’s financial obligations have not been fulfilled, and that MHC has a total payable of \$1,926,347.83. During DY8, Q4, HSD will work with MHC to expedite resolution of the remaining obligation.

## CENTENNIAL REWARDS

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

- Adult PCP Checkup – Complete annual PCP wellness checkup. Ages 19+.
- Asthma Medication Management – Reward on 30-, 60-, or 90-day prescribed refills. Ages 5-17.
- Bipolar Medication Management – Reward on 30-, 60-, or 90-day prescribed refills. Ages 18-64.
- COVID-19 Vaccine – Complete COVID-19 vaccine. All ages, as advised by CDC.
- Dental Checkup (Adult) – Complete annual dental checkup. Ages 18+.
- Dental Checkup (Child) – Complete annual dental checkup. Ages 2-17.
- Diabetes HbA1C Test – Completion of HbA1C Test. Ages 10-75.
- Diabetes Retinal Eye Exam – Completion of diabetic retinal exam. Ages 10-75.
- Diabetes Nephropathy Exam – Completion of diabetic nephropathy exam. Ages 10-75
- Flu Shot - Receive flu vaccine. Ages 6 months+.
- 1st Prenatal Care Visit – Complete prenatal care visit in the first trimester or within 42 days of enrollment. All ages.
- Postpartum Visit – Complete postpartum care visit between 7 and 84 days after delivery. All ages.
- Schizophrenia Medication Management – Reward on 30-, 60-, or 90-day prescribed refills. Ages 18+.
- Well-Baby Checkups – Complete up to six well-child visits with a PCP during the first 15 months of life
- Well-Baby Checkups – Complete up to two well-child visits with a PCP between 16-30 months of life
- 3-week Step-Up Challenge – Successfully complete 3-week Step-Up Challenge. Ages 10+.
- 9-week Step-Up Challenge – Successfully complete 9-week Step-Up Challenge. Ages 10+.

**Table 2: Centennial Rewards**

CENTENNIAL REWARDS				
	January - March 2021	April - June 2021	July - September 2021	October - December 2021
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	163,669	157,600	72,848	
Number of Members Registered in the Rewards Program this Quarter	4,927	3,800	4,570	
Number of Members Who Redeemed Rewards this Quarter**	16,721	23,484	31,170	

\*Only includes rewards earned THIS quarter.

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

Source: Finity Quarter 3 Report

***Electronic Engagement Reward Alert Campaign***

In DY8 Q3 2021, Finity conducted the following multimedia campaigns to support members.

**Adolescent Immunization Campaign:** Designed for children ages 2-17 to encourage parents/guardians to bring their kids in for well-child visits. Texts & emails were sent July 14-16, including:

- 47.2K texts sent in Q3 2021
- 45.2K emails sent in Q3 2021

**Child Dental Campaign:** Targeted text and email campaign to encourage parents to take kids to their dental checkup before the start of the school year. This campaign ran July 19-29 and included:

- 39.9K texts sent in Q3 2021
- 33.2K emails sent in Q3 2021

Finity completed its analysis of outreach as compared to the number of claims submitted and found that 30% of members engaged through Centennial Rewards completed a dental visit within 60 days of outreach. As additional claims are processed, we expect the results to increase.

**Essentials/Rewards Campaign:** Designed to notify members who have earned rewards that they have reward points to spend in the Centennial Rewards Catalog on essential items like oximeters, thermometers, cleaning supplies, PPE, diapers, nursing supplies, toilet paper, and more. Dates of this campaign were July 8-13, August 8-11 and September 5-8. This is an ongoing monthly campaign and Q3 results are provided below:

January 1, 2019 – December 31, 2023

- 374K texts sent in Q3 2021
- 235K emails sent in Q3 2021

**Flu Shot Campaign:** Designed to encourage all members ages 6 months and over to receive their flu vaccine. This is a self-attestation campaign with a \$5.00 value worth 50 reward points. Dates of this campaign were September 10-15.

- 157K texts sent in Q3 2021
- 99K emails sent in Q3 2021

**Well-Baby Campaign:** Designed to encourage parents/guardians to take their babies to their well-baby visits. This campaign was prioritized by HSD during the pandemic due to the decline in well-baby visits and immunizations. Finity re-launched and expanded this campaign in Q1 2021 to babies ages 0-30 months to align with reward and HEDIS updates. Campaign was initiated July 2, August 5 and September 3. This is an ongoing monthly campaign and Q3 results are provided below:

- 48.7 texts sent in Q3 2021
- 10K emails sent in Q3 2021

Finity completed a closed-loop analysis for this campaign of engagement data to claims and found that 38.4% of members engaged through Centennial Rewards completed a well-baby visit within 60 days of outreach. As additional claims are processed, we expect the results to increase.

**Points Expiration Campaign:** Texts and emails sent to members whose reward points will expire on December 31, 2021. Messages were sent September 20-27 and will continue in October and November.

**Additional Key Stats through Q3 2021:**

- Member participation in Q3 2021 reached an all-time high of over 73.9%.
- In Q3 2021, members redeemed \$1.2M in rewards, which is up 24% from Q2 2021.
- Rewards portal visits are up 15% from Q2, reaching 151K in Q3.

***Centennial Rewards Enhancements***

In June 2021, HSD leveraged the Centennial Reward program’s capabilities to help meet the state-wide vaccination goal for re-opening through a temporary reward increase of \$100 for members who received a COVID-19 vaccination. An initial analysis of engagement data against statewide vaccination data in Q3 2021 showed that members engaged through Finity’s multimedia efforts had a 29% higher COVID-19 vaccination rate. Specifically, Finity found that vaccination rates were highest for members who received both text and email engagement at 23-29% above those who were not engaged through outreach efforts. The vaccination rate was also higher for members who received a text or an email engagement

at 10-17% above those who didn't receive outreach.

**Enhanced Customer Satisfaction Survey:** Finity enhanced the Centennial Rewards member satisfaction survey in 2021 by adding new questions that were approved by HSD. The results of the Q3 2021 survey are listed below:

**Table 3: Centennial Rewards Customer Satisfaction Survey**

Centennial Rewards Customer Satisfaction Survey									
	DY8 Q2			DY8 Q3			DY8 Q4		
	# OF RESPONDENTS 3,472			# OF RESPONDENTS 3,741			# OF RESPONDENTS		
	YES	NO	OTHER	YES	NO	OTHER	YES	NO	OTHER
Are you satisfied with Centennial Care?	97%	3%	n/a	97%	3%	n/a			
Are you satisfied with your doctor?	88%	4%	8% I don't have a doctor	88%	4%	8% I don't have a doctor			
Are you satisfied with your health plan?	97%	3%	n/a	96%	4%	n/a			
Are you satisfied with the help provided by your care coordinator?	72%	2%	26% I don't have a care coordinator	73%	2%	25% I don't have a care coordinator			

Source: Centennial Rewards Report Q3

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## ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

The following tables outline quarterly enrollment and disenrollment activity under the demonstration.

The enrollment counts are unique enrollee counts, not member months. Please note that these numbers reflect current enrollment and disenrollment in each Medicaid Eligibility Group (MEG).

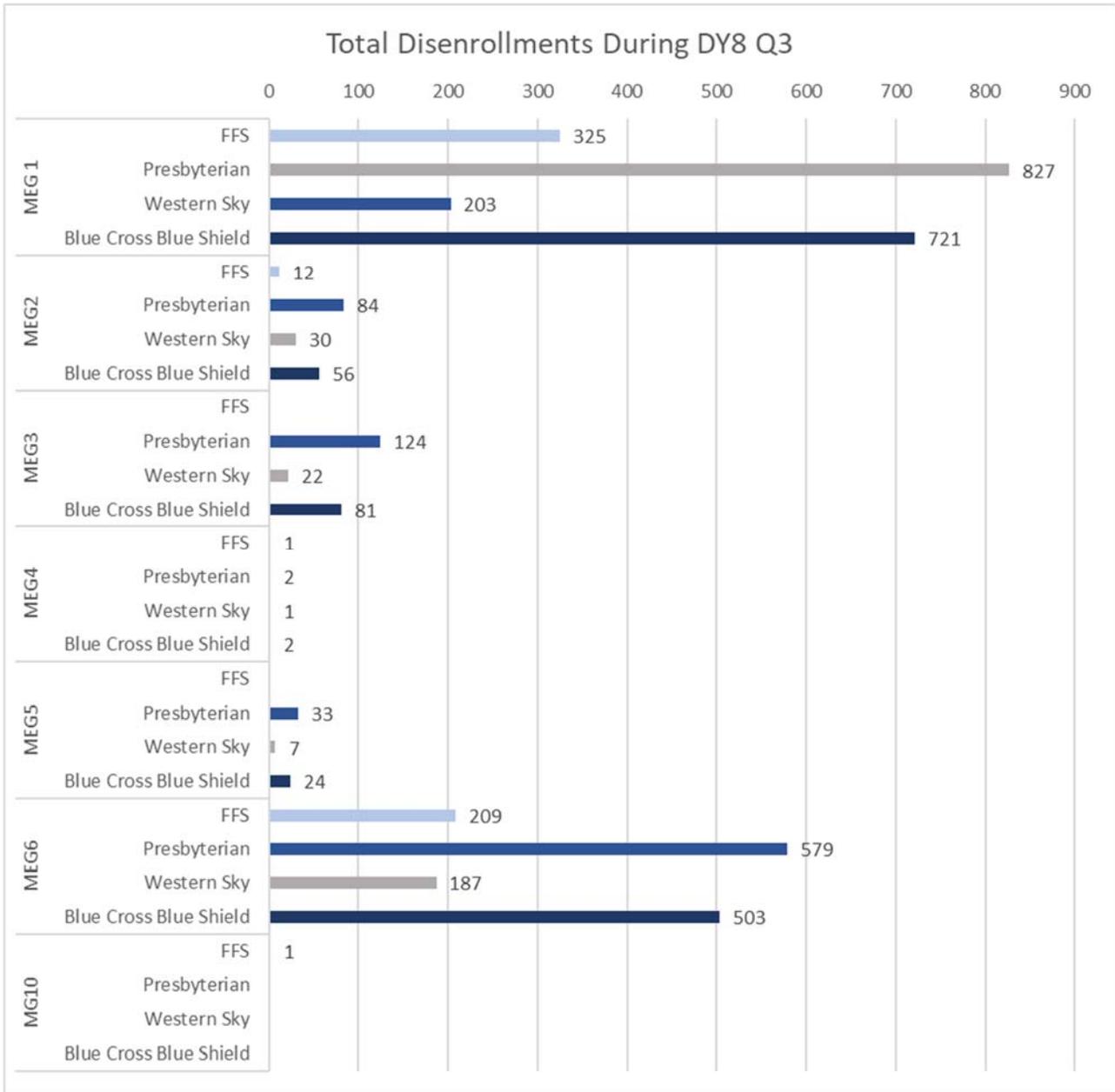
If members switched MEGs during the quarter, they were counted in the MEG that they were enrolled in at the end of the reporting quarter.

The disenrollment for this quarter is attributed to incarceration, death, and members moving out of state.

Due to Public Health Emergency (PHE) regarding Coronavirus (COVID-19), HSD meets the Maintenance of Effort (MOE) statutory requirements to receive the 6.2 percent increased FMAP by ensuring individuals are not terminated from Medicaid if they were enrolled in the program as of March 18, 2020, or become enrolled during the emergency period, unless the individual voluntarily terminates eligibility.

Demonstration Population		Total Number Demonstration Participants DY8 Q3 Ending September 2021	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY8 Q3
Population MEG1 - TANF and Related	0-FFS	37,551	37,802	325
	Presbyterian	215,885	203,725	827
	Western Sky	40,488	39,040	203
	Blue Cross Blue Shield	140,230	133,207	721
	<b>Summary</b>	<b>434,154</b>	<b>413,774</b>	<b>2,076</b>
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,406	2,287	12
	Presbyterian	20,577	20,609	84
	Western Sky	3,717	3,723	30
	Blue Cross Blue Shield	12,194	12,026	56
	<b>Summary</b>	<b>38,894</b>	<b>38,645</b>	<b>182</b>
Population MEG3 - SSI and Related - Dual	0-FFS			
	Presbyterian	22,487	24,010	124
	Western Sky	3,127	3,356	22
	Blue Cross Blue Shield	10,927	11,812	81
	<b>Summary</b>	<b>36,541</b>	<b>39,178</b>	<b>227</b>
Population MEG4 - 217-like Group - Medicaid Only	0-FFS	192	121	1
	Presbyterian	107	113	2
	Western Sky	19	20	1
	Blue Cross Blue Shield	81	87	2
	<b>Summary</b>	<b>399</b>	<b>341</b>	<b>6</b>
Population MEG5 - 217-like Group - Dual	0-FFS			
	Presbyterian	2,930	3,291	33
	Western Sky	531	587	7
	Blue Cross Blue Shield	2,289	2,553	24
	<b>Summary</b>	<b>5,750</b>	<b>6,431</b>	<b>64</b>
Population MEG6 - VIII Group (expansion)	0-FFS	31,536	35,954	209
	Presbyterian	131,910	142,875	579
	Western Sky	32,423	34,964	187
	Blue Cross Blue Shield	103,178	111,405	503
	<b>Summary</b>	<b>299,047</b>	<b>325,198</b>	<b>1,478</b>
Population MG10 - IMDSUD Group	0-FFS	62	257	1
	Presbyterian			
	Western Sky			
	Blue Cross Blue Shield			
	<b>Summary</b>	<b>62</b>	<b>257</b>	<b>1</b>
<b>Summary</b>		<b>814,847</b>	<b>823,824</b>	<b>4,034</b>

January 1, 2019 – December 31, 2023



Source: Enrollee Counts Report

January 1, 2019 – December 31, 2023

# 4

## OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
DY8 Q3	<p>In September 2021, HSD staff provided a Medicaid 101 virtual training to the Children Youth and Families Department (CYFD). This was a special request from CYFD Leadership for a basic New Mexico Medicaid program overview.</p> <p>HSD provided coaching, outreach and educational activities via webinars to Presumptive Eligibility Determiners (PEDs) in the Presumptive Eligibility and JUST Health Programs to help them better assist their clients in the completion of Medicaid eligibility applications, both on-line and telephonically. HSD also provided on-line certification and refresher training sessions for prospective and current PEDs.</p> <p>HSD is participating in the NM (New Mexico) Health Marketing Coalition Committee lead by the NM Department of Tourism (NMDT) and NM Department of Health (NMDOH) to promote outreach for new COVID-19 Vaccine Campaigns. The campaigns are designed to encourage New Mexicans to get the COVID-19 Vaccine shot. The NMDOH, HSD's Managed Care Organizations and other healthcare stakeholders comprise this coalition.</p> <p>HSD staff are participating in the HSD COVID-19 Vaccination Workgroup and the NMDOH Booster Update Workgroup. The purpose of these meetings is to communicate and discuss COVID-19 Vaccine efforts, upcoming statewide events, review federal guidelines and outline operational procedures.</p>

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## COLLECTION AND VERIFICATION OF ENCOUNTER DATA AND ENROLLMENT DATA

The MCOs submit encounters daily and/or weekly to stay current with encounter submissions, including encounters that are or not accepted by HSD. HSD meets regularly with the MCOs to address specific issues and to provide guidance. HSD regularly monitors encounters by comparing encounter submissions to financial reports to ensure completeness. HSD monitors encounters by extracting data monthly to identify the accuracy of encounter submissions and shares this information with MCO's. HSD extracts encounter data on a quarterly basis to validate and enforce compliance with accuracy. Based on the most recent quarterly data extracted, the MCO's are compliant with encounter submissions.

Data is extracted monthly to identify Centennial Care enrollment by MCO and for various populations. Any discrepancies that are identified, whether due to systematic or manual error, are immediately addressed. Eligibility and enrollment reports are run monthly to ensure consistency of numbers. In addition, HSD continues to monitor enrollment and any anomalies that may arise, so they are identified and addressed timely. HSD posts the monthly Medicaid Eligibility Reports (MERs) to the HSD website at:

<https://www.hsd.state.nm.us/medicaid-eligibility-reports/>

This report includes enrollment by MCOs and by population.

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## OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT/ISSUES

### **FISCAL ISSUES**

The capitation payments through DY8 Q3 reflect the Centennial Care 2.0 rates effective on January 1, 2021. The rates are developed with efficiency, utilization, trends, prospective program changes, and other factors as described in the rate certification reports. The rate certification reports for January 1 through December 31, 2021 were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2020. The rates were updated for the July 1 to December 31, 2021 period and were submitted to CMS on August 5, 2021.

During Q3 of DY8, payments were made on Indian Health Services reconciliation, directed payments to the University of New Mexico Hospital (UNMH) and University of New Mexico Medical Group (UNMMG), hospital access payment (HAP), and health care quality surcharge (HCQS). The adjustments were made to directed payments for UNMMG that affected the per member per month (PMPM) of MEGs 1, 2 and 6 of DY7. The payments on IHS reconciliation, HCQS and UNMH contribute to the increase of the PMPM for MEGs 1, 2, and 6 of DY8. Capitation payment adjustments contribute to the decrease PMPM for MEG 4 and increase PMPM for MEG 5 of DY8.

The fiscal impact of the public health emergency due to the Coronavirus (COVID-19) pandemic may be minimal in the financial activities during Quarter 3 of CY 2021. In addition, expenditures and member months for substance use disorder in an institution for mental diseases (SUD IMD) were reported for fee-for-service for DY6 to DY8.

### **PUBLIC HEALTH EMERGENCY (PHE) regarding COVID-19**

On January 31, 2020 the Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation's healthcare community in responding to the 2019 novel coronavirus also known as COVID-19. This declaration is retroactive to January 27, 2020. In response to the PHE, HSD requested several federal waiver authorities and were approved for the following.

### ***New Mexico Disaster Relief State Plan Amendments (SPAs)***

HSD submitted seven Disaster Relief SPAs and received CMS approval for the following:

- Expanding the list of qualified entities allowed to do Presumptive Eligibility

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- Increasing DRG rates for ICU inpatient hospital stays by 50% and all other inpatient hospital stays by 12.4% from April 1, 2020 – September 30, 2020;
- Establishing Category of Eligibility (COE) for the COVID-19 Testing Group for the uninsured population;
- Providing Targeted Access UPL Supplemental Payments;
- Applying a Nursing Facility Rate Increase when treating fee for service COVID-19 members from April 1, 2020 – June 30, 2020;
- Increasing reimbursement for hospital stay services from April 1, 2020 – June 30, 2020;
- Increasing reimbursement to non-hospital providers for E&M codes and non-E&M codes, as well as an increase to Medicaid only procedure codes from April 1, 2020 – June 30, 2020;
- Increasing rates for services provided under the Family Infant Toddler (FIT) Program for July 1, 2020 through July 31, 2020; and
- Providing Targeted Access supplemental payments for Safety-Net Care Pool (SNCP) hospitals from April 1, 2020 through December 31, 2020.
- To implement coverage and reimbursement for COVID-19 vaccine and vaccine administration in accordance with Medicare’s billing and reimbursement guidance.

### ***1135 Waiver***

HSD submitted a 1135 waiver and received CMS approval for the following:

- Suspending prior authorizations and extending existing authorizations
- Suspending PASRR Level I and II screening assessments for 30 days
- Extending of time to request fair hearing of up to 120 days
- Enrolling providers who are enrolled in another state’s Medicaid program or who are enrolled in Medicare
- Waiving screening requirements (i.e. Fingerprints, site visits, etc.) to quickly enroll providers
- Ceasing revalidation of currently enrolled providers
- Payments to facilities for services provided in alternative settings
- Temporarily allowing legally responsible individuals to provide PCS services to children under the EPSDT benefit.

### ***Appendix Ks***

HSD submitted four Appendix Ks and received CMS approval for the following:

- 1915c Waivers (Medically Fragile, Mi Via, and Developmental Disability)

- Exceeding service limitations (i.e. allowing additional funds to purchase electronic devices for members, exceeding provider limits in a controlled community residence and suspending prior authorization requirements for waiver services, which are related to or resulting from this emergency)
  - Expanding service settings (i.e. telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms)
  - Permitting payment to family caregivers
  - Modifying provider enrollment requirements (i.e. suspending fingerprinting and modifying training requirements)
  - Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely
  - Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically
  - Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval
- 1115 Demonstration Waiver for Home Community Benefit Services (HCBS)
    - Expanding service settings (i.e. telephonic visits in lieu of face-face and provider trainings through telehealth mechanisms.)
    - Permitting payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.
    - Modifying provider qualifications to allow provider enrollment or re- enrollment with modified risk screening elements
    - Modifying the process for level of care evaluations or re-evaluations
    - Modifying person-centered service plan development process to allow for telephonic participation and electronic approval
    - Modifying incident reporting requirements
    - Allowing for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings
    - Implementing retainer payments for personal care services

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- 1915c (Supports Waiver)
  - Modifying provider qualifications to suspend fingerprint checks or modify training requirements
  - Modifying processes for level of care evaluations or re-evaluations
  - Temporarily modifying incident report requirements for deviations in staffing
  - Temporarily allowing for payment of services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings
  - Allowing flexibility of timeframes for the CMS 372, evidentiary package(s), and performance measure data collection
  - Adding an electronic method of service delivery allowing services to continue to be provided remotely in the home setting
  - Allowing an option to conduct evaluations, assessments, and person-centered service planning meetings virtually in lieu of face-to-face meetings and adjusting assessment requirements.
  - Modifying incident reporting requirements
  - Clarifying the effective dates in section (f.) to temporarily increase payment rates with effective dates 3/16/20 – 9/30/20 for supportive living, intensive medical living, and family living as approved in NM.0173.R06.03.

## **PATIENT CENTERED MEDICAL HOMES (PCMH)**

HSD's PCMH initiative continues to expand under Centennial Care 2.0 and supports HSD's commitment to improving health outcomes, improving service delivery, and reducing administrative burdens. The MCOs work with contract providers to implement PCMH programs to build better relationships between members and their care teams.

HSD receives quarterly reports from the MCOs that detail the number of members within the MCO that are paneled to a PCMH as well as the initiatives to promote participation in the PCMH service delivery model.

In response to the public health emergency, HSD directed providers to offer telehealth services to be provided in all physical health, behavioral health, and long-term care settings to ensure safe access to health care. HSD added new telehealth codes to encourage the use of telephonic visits and e-visits in lieu of in-person care to reduce the risk of spreading

COVID-19 through face-to-face contact.

Table 4 below reports the total number of members paneled to a PCMH for DY8 Q1 and Q2, which reflects an increase in members receiving care through a PCMH. The DY8 Q3 will be reported in the DY8 Q4 report.

**Table 4: PCMH Assignment**

P C M H A S S I G N M E N T				
Total Members Paneled to a PCMH				
	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
BCBS	128,940	145,663		
PHP	248,493	257,162		
WSCC	34,073	36,685		
Percent of Members Paneled to a PCMH				
	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
BCBS	46.30%	51.60%		
PHP	60.90%	62.30%		
WSCC	42.20%	44.40%		

Source: MCO Report #48 Q2

**MCO PCMH initiatives:**

**BCBS:** BCBS has an initiative within their Transitions of Care (TOC) program to reduce Emergency Department (ED) utilization by their members who have been identified through the Emergency Department Information Exchange (EDIE) to have multiple ED visits. BCBS care coordinators contact their members to follow up on their diagnosis, ensure that the member has a primary care physician (PCP), and that they have an upcoming appointment, while addressing their social needs. BCBS care coordinators are alerted to their members who have high utilization, and the care coordinators attempt to get the patient into Complex Case Management or a higher level of care. BCBS communicates with their PCMH clinicians when their members have high ED utilization, and partner with them to encourage patients to engage in care coordination.

**PHP:** The PHP value-based purchasing (VBP) team had quality program managers attend meetings with PCMH groups to discuss more ways to partner to mitigate barriers. PHP Quality program managers provided education on interventionist teams, community health workers, screening event partnerships, etc. During monthly meetings, PHP reviews quality measure tip sheets, member education opportunities, and utilization of telehealth. PHP

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Member education opportunities reviewed include nurse advice line, in-home screening options, and extending walk-in hours. During DY8 Q3, PHP added three, new, small volume PCMH groups, one of which is also a pediatric practice.

WSCC: WSCC continuously monitors claims and data systems for increased Emergency Department (ED) utilization or facility readmissions. WSCC's Care Coordinators continually monitor ED visits and readmissions to develop member-centric touchpoints and care planning. The WSCC Member Connections team continues to provide outreach to members with four (4) or more ED visits in the last thirty (30) days or with co-existing mental health or substance use/dependence. The WSCC team works with members to educate on ED usage, navigate the healthcare system, link members with community resources, and provide education on self-management for the conditions that led to hospital admissions and ED usage. WSCC conducts weekly interdisciplinary rounds to assist members who are identified as high utilizers including those with hospital readmissions to review interventions and/or additional services that will be appropriate for optimal care. WSCC continues to work with PCMH providers who are actively participating in the VBP program to review health screening and outcome metrics.

## CARE COORDINATION MONITORING ACTIVIES

Care Coordination Monitoring Activities	
DY8 Q3	<p>In DY8 Q3, HSD continued to monitor MCO enrollment and Member engagement through the quarterly Care Coordination Report. This report includes data related to completion of required assessments and touchpoints within contract timeframes. The MCO aggregate results from DY8 Q2 show performance benchmarks of 85% were met or exceeded for timely completion of Health Risk Assessments (HRAs), Comprehensive Needs Assessments (CNAs) and Comprehensive Care Plans (CCPs). Aggregate completion rates for HRAs for 'New to Medicaid' Members remained consistent at 99.3% while MCOs reported a decrease of 3 percentage points for HRAs for Members with a 'change in health condition' from DY8 Q1 (96%) to DY8 Q2 (93%).</p> <p>Aggregate completion percentages for CNAs decreased from DY8 Q1 to DY8 Q2 by two (2) percentage points (96% to 94%) for CCL2 Members and remained at 94% for CCL3 Members.</p> <p>Aggregate completion percentages of CCPs remained at 95% in DY8 Q2 for CCL2 Members and 97% for CCL3 Members.</p> <p>Additionally, Report 6 includes MCO strategies for engaging and retaining Members. Consistent and timely assessment and touchpoint completion is vital to engendering Member trust. BCBS reported utilizing care coordinators who have a high degree of success in Member engagement as mentors to care coordination staff in order to provide assistance and receive input on best practices for engaging Members. WSCC conducted targeted outreach to Members on the Developmental Disabilities Waiver and Waitlist, high-risk pregnant Members, Members with a reported elevated A1C, and Members with a Traumatic Brain Injury (TBI). PHP has focused on their Community Health Workers and Peer Support Team to engage Members via a number of avenues including specific outreach when a change of condition is identified via their Medical Technology platform.</p> <p>HSD continues to monitor strategies and interventions for all MCOs to retain and increase compliance with performance benchmarks.</p> <p>The table below details aggregate and individual MCO performance for DY8 Q1 and DY8 Q2. DY8 Q3 data will be reported in DY8 Q4.</p>

**Table 5 – Care Coordination Monitoring**

MCO Performance Standards	DY8Q1	DY8Q2	DY8Q3	DY8Q4
<b>HRAs for new Members</b>	<b>99.8%</b>	<b>99.3%</b>		
BCBSNM	100%	99.9%		
PHP	97%	93%		
WSCC	100%	100%		
<b>HRAs for Members with a change in health condition</b>	<b>96%</b>	<b>93%</b>		
BCBSNM	100%	100%		
PHP	94%	88%		
WSCC	100%	100%		
<b>CNAs for CCL2 Members</b>	<b>96%</b>	<b>94%</b>		
BCBSNM	90%	86%		
PHP	99%	98%		
WSCC	100%	99.9%		
<b>CNAs for CCL3 Members</b>	<b>94%</b>	<b>94%</b>		
BCBSNM	88%	83%		
PHP	98%	98%		
WSCC	100%	100%		
<b>CCPs for CCL2 Members</b>	<b>95%</b>	<b>95%</b>		
BCBSNM	85%	88%		
PHP	99%	99%		
WSCC	98%	94%		
<b>CCPs for CCL3 Members</b>	<b>97%</b>	<b>97%</b>		
BCBSNM	93%	92%		
PHP	99%	99%		
WSCC	97%	99%		

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

In DY8 Q3, HSD continued to monitor the ongoing impact of the Public Health Emergency (PHE) and engagement of Members in Care Coordination through a bi-weekly ‘Telephonic In-Lieu of Face-to-Face Visits’ report. This report monitors compliance of the MCOs’ use of

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telephonic and video visits for Comprehensive Needs Assessments (CNAs) and required touchpoints. The report identifies whether MCOs are able to continue to provide Care Coordination by completing assessments and touchpoints for Members telephonically.

The MCOs report CNAs and touchpoints that have been completed/not completed due to Member-driven COVID-19 concerns. These Member-driven concerns include the absence of privacy in the Member’s home to discuss Protected Health Information (PHI) and a lack of sufficient minutes on a Member’s cell phone. Aggregate MCO completion rates in DY8 Q2 were above 90% for all assessments and touchpoints conducted telephonically. In subsequent months, the MCOs attempt to conduct assessments and touchpoints that were not completed in prior months. The table below details the MCOs’ DY8 Q1 and DY8 Q2 completion of Bi-Weekly Telephonic In Lieu of Face-To-Face visits. DY8 Q3 data will be reported in DY8 Q4.

**Table 6 - Telephonic In Lieu of Face-To-Face Visits**

<b>TELEPHONIC IN LIEU OF FACE TO FACE VISITS</b>	<b>DY8 Q1</b>	<b>DY8 Q2</b>	<b>DY8 Q3</b>	<b>DY8 Q4</b>
<b>Initial CNAs completed</b>	<b>2,195</b>	<b>2,522</b>		
BCBSNM	981	1,114		
PHP	990	1,171		
WSCC	224	237		
<b>Initial CNAs not completed due to COVID-19</b>	<b>83</b>	<b>69</b>		
BCBSNM	78	69		
PHP	5	0		
WSCC	0	0		
<b>Annual CNAs completed</b>	<b>7,061</b>	<b>7,560</b>		
BCBSNM	2,523	2,771		
PHP	3,919	4,179		
WSCC	619	610		
<b>Annual CNAs not completed due to COVID-19</b>	<b>656</b>	<b>762</b>		
BCBSNM	306	326		
PHP	350	436		
WSCC	0	0		

<b>Semi-annual CNAs completed</b>	<b>539</b>	<b>598</b>		
BCBSNM	177	168		
PHP	311	351		
WSCC	51	79		
<b>Semi-annual CNAs not completed due to COVID-19</b>	<b>40</b>	<b>30</b>		
BCBSNM	36	22		
PHP	4	8		
WSCC	0	0		
<b>Quarterly in-person visits completed</b>	<b>1,298</b>	<b>1,643</b>		
BCBSNM	505	667		
PHP	741	904		
WSCC	52	72		
<b>Quarterly in-person visits not completed due to COVID-19</b>	<b>90</b>	<b>85</b>		
BCBSNM	13	6		
PHP	77	79		
WSCC	0	0		
<b>Semi-annual in-person visits completed</b>	<b>5,874</b>	<b>6,568</b>		
BCBSNM	1,044	1,115		
PHP	4,431	5,086		
WSCC	399	367		
<b>Semi-annual in-person visits not completed due to COVID-19</b>	<b>499</b>	<b>533</b>		
BCBSNM	7	11		
PHP	492	522		
WSCC	0	0		

Source: MCO Ad Hoc Report: Bi-Weekly Telephonic in Lieu of Face-To-Face Report  
Percentages in bold are MCO aggregate of the total assessments completed or not completed.

### **Care Coordination Audits**

In DY8 Q3, HSD monitored MCO compliance with contract and policy by conducting quarterly Care Coordination audits. These audits monitor:

- Whether Members listed as Difficult to Engage (DTE), Unable to Reach (UTR) or

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Refused Care Coordination (RCC) have been correctly categorized: Care Coordination Categorization Audit

- Verification that Transition of Care (TOC) plans for Members transitioning from an in-patient hospital stay or nursing facility to the community adequately address the Members’ needs, including the need for Community Benefits: Transition of Care Audit
- Confirmation that Members are being correctly referred for a Comprehensive Needs Assessment (CNA) if triggered by a completed Health Risk Assessment (HRA): Health Risk Assessment and Care Coordination Level Audit
- Placement of Members in the correct Care Coordination Level (CCL), based on information in the CNA and criteria outlined in contract: Health Risk Assessment and Care Coordination Level Audit

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

HSD audits fifteen (15) Member files per category, per MCO for a total of forty-five (45) DTE, forty-five (45) UTR, forty-five (45) RCC, thirty (30) HRA, thirty (30) CCL, thirty (30) TOC from Inpatient to Community and thirty (30) Nursing Facility to Community. Quarterly audits have allowed for a more in-depth review of files and provided time between audits for the MCOs to implement training and corrective action after HSD audit findings have been submitted.

The table below details the Care Coordination Categorization Audit results for DY8 Q1 and DY8 Q2. DY8 Q3 data will be reported in DY8 Q4.

**Table 7 - Care Coordination Categorization Audit**

Care Coordination Categorization	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
<b>Difficult to Engage (DTE)</b>	<b>90%</b>	<b>65%</b>		
BCBS	77%	60%		
PHP	100%	67%		
WSCC	93%	67%		
<b>Unable to Reach (UTR)</b>	<b>70%</b>	<b>68%</b>		
BCBS	69%	53%		
PHP	57%	85%		
WSCC	84%	67%		
<b>Refused Care Coordination (RCC)</b>	<b>94%</b>	<b>82%</b>		
BCBS	86%	92%		
PHP	97%	87%		
WSCC	100%	67%		

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HSD noted that DY8 Q2 Care Coordination Categorization audit results showed a decrease in compliance from DY8 Q1 for Difficult to Engage (DTE) Members (90% to 65%), Unable to Reach (UTR) Members (70% to 68%) and Members Refusing Care Coordination (RCC) (94% to 82%). These decreases were largely due to mis-categorization of Members (for instance, a Member who was included in the UTR universe but was actually DTE). HSD had deducted fewer points for these mis-categorizations in previous audits. The increase in deducted points was instituted to ensure that Members are being included in the correct universe and counted appropriately in the Care Coordination Report (#6).

In addition to HSD submitted audit findings, a discussion of DY8 Q2 audit results occurred with all MCOs, at the Quarterly Care Coordination Meeting, to clarify HSD expectations and requirements. Specific areas addressed were:

- Mis-categorization of Members;
- Files not containing all required documentation of timeliness; and
- Review of HSD audit tools/point deduction methodology.

Based on HSD audit findings and recommendations, the MCOs conducted additional outreach to Members, updated Member file documentation and increased training of Care Coordination staff. HSD requested, and received, follow-up on audit files that did not meet compliance.

The table below details the Transition of Care Audit results for DY8 Q1 and DY8 Q2. DY8 Q3 data will be reported in DY8 Q4.

**Table 8 - Transition of Care Audit**

Transition of Care	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
<b>In-Patient</b>	<b>89%</b>	<b>89%</b>		
BCBS	99%	82%		
PHP	89%	96%		
WSCC	80%	x*		
<b>Nursing Facility</b>	<b>97%</b>	<b>96%</b>		
BCBS	98%	92%		
PHP	97%	98%		
WSCC	95%	99%		

Source: HSD DY8 Q1 and Q2 Qtrly TOC Audits; Percentages in bold text are MCO Averages \*WSCC had no In-Patient transitions in DY8 Q2.

Results of the DY8 Q2 TOC Quarterly Audits showed improvement in:  
Compliance for all required elements of the TOC plan.

- Timeliness of the required three-day post-discharge in-home assessment; and
- Coordination with discharge planning for Members transitioning from a Nursing Facility (NF) back to the community.

Areas that needed improvement were related to:

- Coordination with discharge planners for Members discharging from an In-Patient (IP) setting to the community;
- The inclusion of all required elements of three-day post-discharge in-home assessments; and
- Clear documentation, particularly for Members experiencing readmission within the audited quarter.

HSD conducted follow-up with BCBS due to their significant decrease in TOC Audit compliance. BCBS provided supporting documentation clarifying that required elements and timeliness had been covered for the majority of Member files that showed discrepancies however BCBS's percentages were not revised as this documentation was not included in the original file submission. HSD is confident that future audits will show improvement in the inclusion of this documentation.

HSD provided detailed findings, reiterated contract requirements, and stressed the importance of comprehensive documentation. HSD noted that aggregate rates of compliance remained at 89% IP to Community TOC Members from DY8 Q1 to DY8 Q2 and

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decreased by one (1) percentage point for NF to the Community Members increasing from DY8 Q1 (97%) to DY8 Q1 (96%). HSD requested, and received, updates on specific audited Members and ongoing training provided to Care Coordination staff.

The table below details the Health Risk Assessment and Care Coordination Level Audit results for DY8 Q1 and DY2. DY8 Q3 data will be reported in DY8 Q4.

**Table 9 - Health Risk Assessment and Care Coordination Level Audit**

HRA/CCL Audit	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
<b>Health Risk Assessment (HRA)</b>	<b>100%</b>	<b>92%</b>		
BCBS	99.70%	85%		
PHP	100%	99%		
WSCC	100%	93%		
<b>Care Coordination Level (CCL)</b>	<b>87%</b>	<b>95%</b>		
BCBS	88%	92%		
PHP	89%	98%		
WSCC	83%	94%		

Source: HSD DY8 Q1 and Q2 HRA and CCL Audits  
 Percentages in bold text are MCO averages

Results of the HRA Audit showed that the MCOs consistently met all contract requirements when completing HRAs. HSD noted that aggregate rates of compliance decreased by eight (8) percentage points from DY8 Q1 to DY8 Q2 (100% to 92%). This decrease can be attributed to a new audit criterion related to documentation of timeliness of the HRA. HSD clarified the requirements for this documentation during the Quarterly Care Coordination Meeting.

Discrepancies identified in the Care Coordination (CCL) Audit were primarily related to Members who met requirements for Care Coordination Level Three (CCL3) but were categorized at Care Coordination Level Two (CCL2). HSD requested clarification on these categorizations from the MCOs. The majority of MCO responses cited incomplete documentation of Member requests for a lower level of care. HSD reiterated the need for robust documentation and requested that the MCOs re-assess identified Members to determine the correct Care Coordination Level, per contract and policy. HSD received updates from the MCOs on the re-assessments requested.

### **Care Coordination Ride-Alongs**

HSD conducted four (4) virtual ride-alongs with MCO care coordinators in DY8 Q3 to observe completion of Member assessments. The MCOs began utilizing telephonic or virtual visits in lieu of in-home, in-person touchpoints in DY7 Q1 to reduce the risk of spreading COVID-19 through face-to-face contact.

HSD attended initial, annual, and semi-annual virtual CNAs conducted by PHP and WSCC. HSD scheduled two (2) virtual ride-alongs with BCBS and an additional ride-along with PHP that were cancelled due to Member-driven scheduling changes.

HSD determined whether care coordinators properly administered the Community Benefits Services Questionnaire (CBSQ) and the Community Benefits Member Agreement (CBMA) to ensure that Members had appropriate access to Community Benefits.

HSD provided both written feedback and discussion at the Quarterly Care Coordination Meeting to the MCOs on the following findings:

- Care coordinators adhered to all contractual obligations in their assessments;
- Care coordinators were kind, thorough and professional with the Members; and
- Care coordinators often went beyond contract requirements to assist Members with locating and applying for additional resources and services.

HSD noted opportunities for improvement that included:

- Ensuring MCOs obtain agreement from Members for HSD attendance ahead of the scheduled assessment;
- Additional pre-assessment research by care coordinators to become familiar with Member medications, diagnoses, and goals; and
- Additional training for care coordinators related to active listening skills, motivational interviewing, and conducting assessments telephonically.

HSD discussed the Member health information for pre-assessment research that is available to care coordinators and HSD requested and received MCO updated schedules for care coordinator motivational interviewing training.

### **Care Coordination All MCO Meetings**

HSD conducts regular quarterly meetings with the MCOs to review data on Member engagement, Care Coordination timeliness, performance analysis and Member outcomes. HSD held the DY8 Q3 Quarterly Meeting on September 16, 2021, and reviewed:

- Aggregate data from the Quarterly Care Coordination Report related to compliance with assessment and touchpoint timeliness;

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- Results of the DY8 Q2 audits of Member categorization, Health Risk Assessments (HRAs), Care Coordination Levels (CCLs) and compliance with Transition of Care (TOC) requirements; and
- Aggregate data from the Bi-Weekly Telephonic In Lieu of Face-to-Face Reports and Member-driven issues that contributed to delayed assessments.

Additionally, HSD reviewed new reports being requested for specific populations. HSD detailed report expectations concerning:

- Justice-Involved Members;
- Children in State Custody;
- Members by Tribal affiliation;
- Care Coordination by County;
- Members receiving care out-of-state;
- Members on the Developmental Disabilities Waiver Waiting List; and
- Members diagnosed with a Traumatic Brain Injury (TBI) or an Acquired Brain Injury (ABI).

HSD and the MCOs considered possible implications for returning to in-person assessments and touchpoints that will be welcome for many Members and ways to alleviate disengagement with Members expressing hesitancy.

In addition to the All MCO Quarterly Care Coordination Meeting, HSD implemented a monthly all MCO Workgroup focusing on strategies for engaging additional Members in Care Coordination and decreasing the population of Difficult to Engage (DTE), Unable to Reach (UTR) and Refused Care Coordination (RCC) Members. Two meetings were held in DY8 Q3 which focused on methodology for reporting Member assessments and Care Coordination Levels (CCLs) via the MCO to HSD Interface File. All MCOs provided positive feedback to the workgroups, expressing appreciation for shared strategies to increase engagement, and providing new plans for measuring Member satisfaction.

## **BEHAVIORAL HEALTH**

In 2021 the Behavioral Health Services Division (BHSD) continues to work to maintain and expand critical behavioral health services during the COVID-19 public health emergency. Expansion of telehealth services was the biggest change for the behavioral health provider network in 2020, and telehealth continues to be at the heart of behavioral health this year. In addition to standard telehealth delivery methods, behavioral health providers are, for the duration of the emergency, permitted to deliver services telephonically.

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In Q3 of DY8, 40,196 individuals received behavioral health services through this delivery method. This represents 1 percent decrease over the prior quarter. Although the noted results are an improvement, it is likely they may increase when data is refreshed due to claim lag which is present for 90-days following the end of the quarter. The steady changes are a result of the continuing pandemic but is also reflective of client and provider preferences and the high value of telehealth in New Mexico's rural landscape.

BHSD did not begin to receive data on behavioral health services delivered over the telephone until the second quarter of DY7, however in Q3 of DY8, the encounter data shows that 27,593 persons received behavioral health through this modality. This is a positive trend and reflects more providers building their capacity for HIPAA-compliant forms of telehealth. The BHSD continues to evaluate which behavioral health services are appropriate to continue delivery through telephone when the public health emergency is over, but this option has undoubtedly been a critical link to services during the COVID-19 crisis.

All MCOs reported significant increases in telehealth services to all age groups, in urban, rural and frontier counties, and to all populations of SMI, SED and SUD clients. In addition to increased utilization, behavioral health providers around the state are reporting qualitative improvements – a decline in no-shows and cancellations, clients less stressed because they have not had to leave their homes or children, and therapists more informed about their clients because they can see more of their lives. As the public health crisis has gone on, however, some providers are also reporting 'zoom fatigue' and greater difficulty keeping some clients engaged.

Treat First has taken on an even more critical role during the COVID 19 crisis. As depression, anxiety and other behavioral health needs surge from the stresses related to COVID 19, Treat First engages clients quickly in services that address their immediate needs. Treat First agencies have seen 3,564 new clients during the first nine months of 2021. With support from the Treat First agencies, 34.4%% of these individuals were able to resolve their issues with solution focused interventions within 4 visits. The balance of those clients continued in services. The "No Show for clients in this period was 17%, notably lower than before agencies started the Treat First Approach.

### ***SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT***

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an important evidence-based tool that can be used by virtually all primary care providers to identify problematic

alcohol or drug use, depression or trauma, and then refer a patient for additional treatment if appropriate. SBIRT was added to the state's Medicaid program for the first time in 2019, and since then BHSD has conducted expanded outreach to providers as well as state-sponsored provider trainings around the state.

In DY8 Q3, SBIRT utilization decreased from the prior quarter by 15 percent. In DY8 Q3, a total of 2,229 persons were served which is an average of 755 beneficiaries per month receiving screens. Compared to DY8 Q2, the monthly average is down from 915, but it is important to note the current trend show increases from DY8 Q1 which averaged 686 screens per month or a total of 1,992 persons.

It is important to note the totals reported are impacted by claim lag and results will be refreshed next quarter which may show an increase in SBIRT from what is reported at this point in time.

### ***EXPANDED SERVICES FOR SUBSTANCE USE DISORDER***

The Centennial Care 2.0 program includes new and expanded services for Medicaid recipients with substance use disorder (SUD). In DY8 Q3, the State continued efforts to implement Crisis Treatment Centers (CTC). Provider-specific cost-based rates were established for the first two CTC providers in the state, both of which began delivering services during the third quarter. A third new CTC is due to begin operating under proxy rates before the end of the year while working on developing their final rates.

Throughout DY8 BHSD focused on expanding other services key to addressing SUD, such as Intensive Outpatient Services (IOP) and Comprehensive Community Support Services (CCSS).

As part of the SUD 1115 Waiver, services have been approved for specific substance abuse populations in an Institution for Mental Disease (IMD.) An IMD is defined as any facility with more than 16 beds that is primarily engaged in the delivery of psychiatric care or treating substance use disorders (SUD) that is not part of a certified general acute care hospital. MAD has expanded coverage of recipients, aged 22 through 64, to inpatient hospitalization in an IMD, for SUD diagnoses only, with criteria for medical necessity and based on ASAM admission criteria. Covered services include withdrawal management (detoxification) and rehabilitation.

In Q3 of 2021, the utilization of SUD in an IMD decreased over Q2. In DY8 Q3, an average of 1,146 clients were served per month with a distinct total of 2,738 served compared to DY8

Q2 average of 1,484 or a distinct total of 3,531. This is 22 percent decrease over the prior quarter but claim lag may be impacting these totals and are likely to increase during the next quarter as data will be refreshed.

### ***SUD Health IT***

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

Utilization of the New Mexico Prescription Monitoring Program (NM PMP) rose by 4 percent in DY8 from 83 percent of providers checking the NM PMP appropriately to 87 percent. New Mexico is also exploring funding options to develop enhancements such as reporting and opportunities to further integrate providers to the NM PMP.

New Mexico has completed the implementation of EDIE in all New Mexico Health Homes. Health Homes have also received training on the new SUD features that have been incorporated into EDIE. New Mexico will continue to ensure that any new Health Homes are also registered.

Annual reporting measures have been established to track the number of providers that have been trained on pain management through Project ECHO. Due to the public health emergency, there were fewer ECHO training sessions on pain management in DY8 than DY7 – a drop from 68 trainings to 33. But because of the increased ease of participating in virtual trainings, attendance stayed stable: there were 455 unique learners in DY7 and 459 in DY8. We continue to explore additive query functions to be designed by the collaborative IT committee.

The Centennial Care MCOs have worked together on the Drug Utilization Review (DUR) committee to develop a standard monitoring program for controlled substance utilization. The DUR meets quarterly to accomplish monitoring parameters, and receive input requiring action from the MCOs. This includes development of enhanced supports for clinician review of patient's history of controlled substance prescriptions provided through the PDMP.

HSD and the New Mexico Department of Health (DOH) collaborated to place telehealth Certified Peer Support Workers in five EDs 24/7 in 2020, with plans to expand to other EDs during 2021.

HSD and vendors for the new MMIS will be designing and implementing enhanced data analytics targeted for 2022. Smart phone apps are part of the MMIS unified public interface (UPI). HSD and vendors for the new MMIS will be designing and implementing smart phone capabilities (UPI) in 2022. This initiative will assist in retention for treatment for OUD and other SUDs.

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

CMS approved a SPA HSD submitted in early 2021 to add SUD to health home eligibility criteria.

**ADULT ACCREDITED RESIDENTIAL TREATMENT CENTERS (AARTC) SERVICES**

During DY8 Q3 BHSD continued working with nine new providers in completing the Adult Accredited Residential Treatment Center (AARTC) application. Four of the nine providers under review are at the initial stages of the application process and are submitting required documentation for review. Four providers are working through rate development and one provider has received approval of interim rates and has begun the process of contracting with the Managed Care Organizations (MCOs) for reimbursement.

**Table 10 – AARTC Client Counts**

NON-MEDICAID CLIENT COUNTS					MEDICAID CLIENT COUNTS				
PROVIDER	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4	PROVIDER	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
241	47	40	28		716	7	0	0	
493	18	5	35		90	44	46	38	
					37	219	219	111	
					81	22	22	3	
					589	23	9	3	
<b>Unduplicated Total</b>	<b>65</b>	<b>45</b>	<b>63</b>		<b>Unduplicated Total</b>	<b>315</b>	<b>296</b>	<b>155</b>	

Source: Medicaid: Medicaid Data Warehouse & Non-Medicaid: BHSD Star/Falling Colors

For the eight existing AARTC’s in operation who are approved to bill Medicaid, the data above identifies the total number of clients who received AARTC services during Q1, Q2 and Q3 of DY8. Clients counts for Q1 and Q2 have been adjusted to reflect actual number

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of clients severed.

The utilization of the Medicaid services shows a decrease, which may be attributed to the 90-day lag in claims submitted for DY8 Q3. There was also a decline in non-Medicaid service, for the same period which is expected as providers are now billing Medicaid for services. HSD will review and pull data as necessary to review claims submitted in the 90-day lag time and update the client counts accordingly.

BHSD and HSD MAD continue discussing next steps to the development of AARTC rates. Rates will be assessed after one full year of utilization and expenditure data has been collected to determine if the initial rates are appropriate or need to be adjusted to ensure AARTCs services are appropriately supported and funded.

## **HEALTH HOMES**

The CareLink New Mexico Health Homes (CLNM) program provides integrated care coordination services to Medicaid-eligible adults with Substance Use Disorder (SUD), Serious Mental Illness (SMI), and children and adolescents with diagnoses in the spectrum of Severe Emotional Disturbance (SED). During DY8 Q2, CMS approved New Mexico's State Plan Amendment to add SUD to the eligibility criteria for Health Homes.

CLNM providers have been serving members with co-occurring SMI and SUD diagnoses, so all have experience in providing SUD services. To further support efforts to address substance use disorders, HSD has been working with providers to help them develop staffing and training plans to ensure members have access to an array of appropriate SUD services.

Seven providers deliver coordinated care services at 12 sites to support integrated behavioral and physical health services. Two Health Homes (Guidance Center Lea County and Mental Health Resources, Roosevelt County) coordinate High Fidelity Wraparound services to 135 children and adolescents with SED and complex behavioral health challenges. Wraparound clients are involved with multiple state systems, and many are at risk for referral to out-of-state residential treatment centers.

Similar to most providers, CLNM agencies have experienced staff turnover and staffing shortages, which continue to impact outreach efforts. As the Delta variant of COVID-19 has surged in New Mexico, all providers continue to balance member needs with safety concerns for staff and clients, and adjust their practice protocols.

## CLNM Health Home Activities

DY8 Q3

Since July 2020, CLNM providers have been delivering Health Home services primarily through telehealth. This service delivery method continues to be crucial as we experience additional waves of COVID-19. In addition to facilitating engagement of members, virtual services enable members with transportation barriers to continue to access services. Providers also describe challenges delivering virtual services: members report weariness from telehealth services as well as technology challenges in more rural areas of New Mexico. CLNM providers continue to assess members' specific needs, safety and risk concerns and preferences, to determine the most appropriate service delivery method for each member.

Enrollment during DY7 increased by seven percent over the previous year, despite challenges created by the public health emergency. During DY8 Q3, enrollment increased by two percent over DY8 Q2. During the pandemic, all CLNM providers have experienced staffing shortages as they have lost loved ones and they or their family members have been ill. Staffing turnover continues to be challenging as providers struggle to hire and train more staff.

During DY8 Q3, HSD delivered trainings to Health Home staff that included a second Stigma training for CLNM and agency staff members. HSD staff has provided technical assistance to new staff on the Star data collection system. Staff are working with agencies on individualized SUD implementation activities, including procuring Naloxone and training on its use; education on ASAM assessments, and establishing MOA with external providers for SUD services that cannot be rendered by a CLNM agency.

**Table 11: Number of Members Enrolled in Health Homes**

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES										
Q3 2020	% Change	Q4 2020	% Change	DY7 GROWTH	Q1 2021	% Change	Q2 2021	% Change	Q3 2021	% CHG
3,858	1%	3,971	2.90%	7%	4,020	1.20%	4,183	3.90%	4,264	2%

Source: NMStar, CLNM Opt-in Report,

## SUPPORTIVE HOUSING

The supportive housing benefit in Centennial Care 2.0 (CC 2.0) provides Medicaid eligible individuals enrolled in the Linkages Permanent Supportive Housing program pre-tenancy and tenancy services. The Linkages program serves individuals diagnosed with serious

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mental illness with functional impairment who are homeless or precariously housed and are extremely low-income, per the Department of Housing and Urban Development (HUD) guidelines.

Linkages agencies can bill Medicaid for comprehensive community support services (CCSS), but now that supportive housing services are included in the CC 2.0 waiver, BHSD continues to strongly encourage Linkages providers to shift to billing directly for supportive housing. The CC 2.0 waiver requires the services be provided by a certified peer support worker (CPSW) to align with the state's goals for building the peer support workforce. One Linkages provider continues to have six CPSWs assigned to deliver Linkages supportive housing services and actively utilizes the H0044 code for reimbursement. Another Linkages provider hired a CPSW through a peer recovery grant and a second CPSW who will focus on Linkages; the CPSW hired through the grant will assist with rendering Linkages support services. This provider has been working to structure their Linkages programming to include the CPSWs and by the end of this quarter was working with the MCOs to include in their contracts the ability to utilize H0044. A third provider has identified one CPSW within their existing staff to render Linkages support services and was also working with the MCO's to amend their existing contracts to allow for H0044 billing. Other Linkages providers continue to consider hiring CPSW staff for Linkages programming and/or are actively seeking CPSWs to hire, while utilizing case managers, community support workers, and supportive housing coordinators to offer these services. The interest of all providers not yet utilizing H004 has increased with the progress made with the providers who have established H0044 reimbursement.

The Office of Peer Recovery and Engagement (OPRE) accepts CPSW training applications, and all Linkages providers have been kept informed about CPSW training opportunities and receive the OPRE monthly newsletter. Providers have been encouraged to utilize the OPRE newsletter to post their open positions to recruit CPSW staff. OPRE has a list-serv of CPSWs available to providers to verify if a potential peer hire is certified. Also, OPRE has a Supportive Housing specialty endorsement, which is an additional training for CPSWs. The available list-serv indicates if CPSWs carry this specialty endorsement, which is not required for Medicaid billing but helpful for those CPSWs involved with supportive housing services.

BHSD continues to promote the use of CPSWs to render Linkages support services. Providers continue to receive information, education, and training about the value CPSWs utilization and shifting to Medicaid reimbursement through Supportive Housing trainings, the Linkages policy manual, and on-going technical assistance from the BHSD Supportive Housing Program Manager and Linkages TA who meet with each provider monthly. The

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Linkages TA developed a “Getting Started with H0044” guide, which was distributed to all Linkages providers with a spreadsheet to show the potential monetary gain that could come from billing the code. The spreadsheet includes information based on varying case load capacities and has served as a very useful promotional tool. Also, the TA distributes a monthly newsletter that includes recognition to those providers who have acquired CPSWs for the purpose of H0044 utilization. Provider contracts for State Fiscal Year 2022 include an item specific to Medicaid and H0044.

**Table 12: Medicaid Supportive Housing Utilization**

MEDICAID SUPPORTIVE HOUSING UTILIZATION			
(JANUARY 1 – JUNE 30)			
DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
25	28	25	
Unduplicated Total - 78			

\* Claims lag may be present up to 90 days after the end of the quarter.  
 Source: Medicaid Data Warehouse

An increase of state general funds (SGF) for FY21 allowed BHSD to expand Linkages services that are not covered by Medicaid. BHSD uses these funds to support rental assistance vouchers for eligible Linkages clients. In FY20, funding allowed 160 households to receive a rental assistance voucher and support services; in FY21, the funding increased to support 318 households. An individual does not need to be a Medicaid Member to obtain a voucher; however, many Linkages clients are Medicaid Members. By the end of Q3, 310 vouchers have been issued or filled.

In FY21, Linkages expanded from six to eight sites with Curry and McKinley as new Linkages sites. In FY22, the Linkages budget will maintain the FY21 expansion, and there will continue to be eight Linkages sites with a capacity of 318 households served with vouchers and support services.

**CENTENNIAL HOME VISITING (CHV) PILOT PROGRAM**

In DY8, between Jan 1 and Sep 17, 2021, the numbers of Centennial Care MCO member enrollments for each home visiting (HV) program are as follows:

**Nurse Family Partnership (NFP) Model:** University of New Mexico Center for Development and Disability (UNM CDD) NFP served a total of 85 unique families in Bernalillo County and Valencia County; some of which were newly enrolled during Q3.

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

- UNM CDD PAT served 56 unique families in Bernalillo County; some of which were newly enrolled during Q3.
- ENMRSH still served 28 unique families in Curry County and Roosevelt County at their capacity. No new families were enrolled during Q3.
- Taos Pueblo/Tiwa Babies served 9 unique families in Taos County.

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

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

Home visiting agencies reported no interruption of services. Both home visitors and families found this mode of delivery to be a desirable alternative. All agencies reported that they begin to utilize a hybrid of in-home and virtual/telephone visits in Q3.

**PRESUMPTIVE ELIGIBILITY PROGRAM**

The New Mexico 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 New Mexico State Agencies including the New Mexico Department of Health (DOH), New Mexico Children Youth and Families Department (CYFD) and the New Mexico Corrections Department (NMCD). Currently, there are approximately 750 active certified PEDs state-wide. These PEDs provide PE screening, grant PE approvals, and assisting with on-going Medicaid application submissions.

HSD staff 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

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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 three PE certification trainings and three YESNM-PE demo refresher trainings in DY8Q3.

HSD continues to maintain the virtual assistant program to help automate the process of adding newborns to existing Medicaid cases. The “Baby Bot” functionality utilizes our contractor, Accenture’s, virtual assistant (AVA) software. AVA allows providers to start a Baby Bot chat session in YESNM-PE (Your Eligibility System New Mexico for Presumptive Eligibility). The chat session can help facilitate adding the newborn to the Medicaid-enrolled mother’s case.

YESNM-PE is only available to certified Presumptive Eligibility Determiners (PEDs). PEDs use YESNM-PE to screen, and grant approvals, for Presumptive Eligibility (PE) coverage. They also use YESNM-PE to submit ongoing Medicaid applications. With Baby Bot, PEDs at hospitals, IHS/Tribal 638s and birthing centers also have the enhanced capabilities of electronically adding newborns to an existing case.

Access to the Baby Bot is available through a link located on the PED’s home page in YESNM-PE. The Baby Bot platform operates as a webservice and sends the information electronically to ASPEN, HSD’s eligibility system. Once the mother’s eligibility has been electronically verified in ASPEN, the system automatically adds the newborn to the case. This allows immediate access to benefits for the newborn. Currently 240 active PEDs are certified to use the Baby Bot functionality with more trainings scheduled to increase participation.

- **Newborns Submitted**  
Overall number of submissions through Baby Bot
- **Newborns Successfully Enrolled (and % of Newborns Successfully Enrolled)**  
Number (and %) of newborns automatically added to an existing Medicaid case at time of submission
- **Newborns Unsuccessfully Enrolled (and % Newborns Unsuccessfully Enrolled)**  
Number (and %) of submissions not completed automatically; newborn added to the case via worker manual intervention

**Table 13: Medicaid-eligible newborns submitted through Baby Bot on YESNM-PE**

AVA Baby Bot (July - September 2021)					
Month	Newborns Submitted through AVA	Newborns Successfully Enrolled	Newborns Unsuccessfully Enrolled - Tasks Created	% of Newborns Successfully Enrolled	% of Newborns Unsuccessfully Enrolled
July	676	561	115	83%	17%
August	700	570	130	81%	19%
September	730	566	164	78%	22%
<b>Total</b>	2,106	1,697	409	81%	19%

Source: Accenture Baby Bot dashboard RPA activity detail daily report

In DY8 Q3 56 PEDs used the Baby Bot functionality. HSD program staff saw a slight increase in PED participation and noticed an increase in the number of newborns added through Baby Bot. In this reporting period 81% of all newborns submitted through a Baby Bot chat session resulted in a successful case update. HSD MAD program staff are working with PEDs and system developers to increase the number of submissions as well as the number of successful submissions through the Baby Bot.

**Table 14: PE Approvals**

PE APPROVALS (July - September 2021)				
Month	PEs Granted	% PE Granted with Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
July	95	95.79%	729	592
August	93	100.00%	799	628
September	72	100.00%	650	519
Total	260	98.46%	2,178	1,739

Source: Monthly PE001 Report from ASPEN and OmniCaid

NM PEDs are aware of the importance of on-going Medicaid coverage for their clients. Although we did have a decrease in PE applications submitted; NM PEDs continue to maintain the high number of PE approvals that also had an ongoing application submitted in DY8 Q3. In DY8 Q3, 98.46% of all PE approvals also had an ongoing application submitted.

## **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 DY8 Q3, 93.33% of all JUST Health PE approvals also had an ongoing application submitted.

**Table 15: PE Approvals**

<b>PE APPROVALS – JUST HEATH</b> (July - September 2021)				
<b>Month</b>	<b>PEs Granted</b>	<b>% PE Granted w/ Ongoing Applications Submitted</b>	<b>Total Individuals Applied</b>	<b>Individuals Approved</b>
July	5	80.00%	61	57
August	1	100.00%	49	41
September	1	100.00%	60	59
<b>Q3 Totals</b>	<b>7</b>	<b>93.33%</b>	<b>170</b>	<b>157</b>

Source: Monthly PE001 Report from ASPEN and OmniCaid

# 7

## HCBS REPORTING

Critical Incidents	
DY8 Q3	<p>HSD conducts a quarterly meeting with MCOs. The goal of the quarterly meeting is to provide guidance and discuss findings of the MCO's reporting of critical incidents.</p> <p>The quarterly meeting was held on August 18, 2021. The primary discussion was regarding the States expectations for the MCO narrative responses in the analysis section of Report #36 Critical Incidents. HSD presented guidance on the expectations of information to be included in the narrative responses when addressing trending, changes identified and follow up actions taken by the MCO for each report period.</p> <p>The MCOs representatives and HSD met weekly to plan the 2021 annual provider Critical Incident Report (CIR) training that was held on September 21 and 23, 2021.</p> <p>HSD conducted daily reviews of critical incidents submitted by the MCOs and providers for the purpose of ensuring compliance with reporting requirements. In addition, HSD completed a weekly Concerns List which identifies specific errors in the report. The Concerns List is sent to MCOs for correction and/or follow-up.</p> <p>HSD provided daily assistance to MCOs and providers to obtain access to the CIR Portal by establishing and/or resetting login credentials as well as deleting duplicate reports.</p> <p>DY8 Q2 data was received on July 30,2021. During DY8 Q2, a total of 21,926 CIRs were filed for Centennial Care which includes physical health (20,484), and subsets of behavioral health (838) and community benefit self-directed (604) members. The table below represents a MCO summary of the critical incident reporting for DY8 Q2. DY8 Q3 data will be received on October 30,2021 and be reflected in DY8 Q4 Annual report.</p>

**Table 16: Critical Incidents Reported**

CRITICAL INCIDENTS REPORTED															
(Q2 2021)															
MCO	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
BCBS	3,798	5,195			127	229			95	113			8,993	356	208
PHP	12,648	14,295			557	562			442	460			26,943	1,119	902
WSCC	774	994			40	47			24	31			1,768	87	55
Total	17,220	20,484			724	838			561	604			37,704	1,562	1,165

Source MCO quarterly report #36

The tables below represent MCO specific critical incident reporting for DY8 Q2.

**BCBS**  
(Q2 2021)

Critical Incident Types	Centennial Care (CC)				Behavioral Health				Self-Directed				Year-to-date Totals		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	77	133			13	34			4	8			210	47	12
Death	279	220			3	3			5	6			499	6	11
Elopement / Missing	2	9			1	1			0	0			11	2	0
Emergency Services	1,254	1,299			68	93			68	72			2,553	161	140
Environmental Hazard	15	22			0	0			1	0			37	0	1
Exploitation	28	38			2	1			2	2			66	3	4
Law Enforcement	11	20			3	6			1	1			31	9	2
Neglect	2,132	3,454			37	91			14	24			5,586	128	38
All Incident Types	3,798	5,195			127	229			95	113			8,993	356	208

PHP (Q2 2021)															
CRITICAL INCIDENT TYPES	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	220	238			73	61			10	20			458	134	30
Death	527	360			13	10			23	15			887	23	38
Elopement/ Missing	15	12			2	1			0	1			27	3	1
Emergency Services	5,830	6,277			304	309			383	349			12,107	613	732
Environmental Hazard	83	79			7	8			2	2			162	15	4
Exploitation	39	44			4	2			4	0			83	6	4
Law Enforcement	53	39			10	11			4	4			92	21	8
Neglect	5,881	7,246			144	160			38	69			13,127	304	107
All Incident Types	12,648	14,295			557	562			442	460			26,943	1,119	902

WSCC (Q2 2021)															
CRITICAL INCIDENT TYPES	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	21	26			1	9			0	0			47	10	0
Death	59	48			2	4			2	1			107	6	3
Elopement/ Missing	7	1			0	0			1	0			8	0	1
Emergency Services	195	264			21	20			14	25			459	41	39
Environmental Hazard	10	10			1	0			0	0			20	1	0
Exploitation	7	5			0	0			1	1			12	0	2
Law Enforcement	2	2			0	1			0	0			4	1	0
Neglect	473	638			15	13			6	4			1,111	28	10
All Incident Types	774	994			40	47			24	31			1,768	87	55

### **Consumer Support Program**

The consumer support program is a system of organizations and state agencies that provide standardized information to beneficiaries about Centennial Care, long-term services and supports (LTSS), the MCO grievance and appeals process, and the fair hearing process.

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

**Table 17: ADRC Hotline Call Profiler Report**

<b>ADRC HOTLINE CALL PROFILER REPORT</b>	
<b>July - September 2021</b>	
<b>TOPIC</b>	<b>NUMBER OF CALLS</b>
Home/Community Based Care Waiver Programs	3,059
Long Term Care/Case Management	5
Medicaid Appeals/Complaints	2
Personal Care	227
State Medicaid Managed Care Enrollment Programs	161
Medicaid Information/Counseling	1,263

Source: SAMS Call Profiler Report; GSA I 7-630-8000-0001 CDA 93-778 State Fiscal Year 2022, Quarter 1 report

**Table 18: ADRC Care Transition Program Report**

<b>ADRC CARE TRANSITION PROGRAM REPORT</b>			
<b>July - September 2021</b>			
<b>COUNSELING SERVICES</b>	<b>NUMBER OF HOURS</b>	<b>NUMBER OF NURSING HOME RESIDENTS</b>	<b>NUMBER OF CONTACTS</b>
Transition Advocacy Support Services		162	
*Medicaid Education/Outreach	16,464		
Nursing Home Intakes		68	
**LTSS Short-Team Assistance			31

\*Care Transition Specialist team educates residents, surrogate decision makers, and facility staff about Medicaid options available to the resident and assist with enrollment.

\*\*Clients are provided short-term assistance in identifying and understanding their needs and to assist them in making informed decisions about appropriate long-term services and supports choices in the context of their personal needs, preferences, values and individual circumstances.

Source: Care Transition Bureau (CTB) GSA I 7-630-8000-0001 CFDA 93-778 State Fiscal Year 2022, Quarter 1 reports

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### **Community Benefit**

In DY8 Q3, the Long-term Care (LTC) workgroup projects have included CC 2.0 program changes such as CC 2.0 MCO report revisions and Self-Directed Community Benefit (SDCB) vendor transition. In July, HSD began accepting applications for Community Benefit Personal Care Services, this provider network had previously been closed for several years. HSD also worked with stakeholders and sister state agencies to draft our proposed plan for the American Rescue Plan Act (ARPA) increased HCBS funding. The plan was submitted to CMS on 7/12/21 and is currently pending CMS approval.

### **Electronic Visit Verification**

In DY8 Q3, HSD continued to work with MCOs and subcontractors to monitor the implementation of EVV for SDCB and fee-for-service programs which started January 2021. HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Community Benefit (ABCB) and EPSDT Personal Care Services. Please see ABCB EVV data for DY8 Q2 outlined in the table below. The MCOs reported that 77% of the total ABCB PCS claims were created by the Interactive Voice Response (IVR) phone system. The remainder of claims were created through the Fiserv Authenticare application.

**Table 19: EVV DATA**

EVV DATA (April - June 2021)		
MCO	AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD	NUMBER OF TOTAL CLAIMS THIS PERIOD
BCBS	7,741	459,006
PHP	14,855	899,362
WSCC	1,786	110,098
TOTAL	24,382	1,468,466

Source: MCO Report #35 DY8 Q2 April-June 2021

### **Statewide Transition Plan**

HSD continues to update the Statewide Transition Plan (STP) milestones as required by CMS. HSD issued the STP for public comment in October 2021. Once the public comment period is completed, HSD will update the plan accordingly and submit the final STP to CMS.

**MCO Internal NF LOC Nursing Facility Level of Care (NF LOC) Audits**

HSD requires the MCOs to provide a quarterly summary of their internal audits of NF LOC Determinations. Each MCO conducts internal random sample audits of both community-based and facility-based determinations completed by their staff based on HSD NF LOC criteria and guidelines. The audit includes accuracy, timeliness, consistency, and training of reviewers. The results and findings are reported quarterly to HSD along with any Quality Performance Improvement Plan. BCBS conducted 104 total audits of NF LOC determinations including eighteen (18) facility-based and 86 community-based determinations. PHP conducted 229 total audits of NF LOC determinations including 73 facility-based and 156 community-based determinations. WSCC conducted 60 total audits of NF LOC determinations including twelve (12) facility-based determinations and 48 community-based determinations. Audit results were consistent throughout Quarter 1. All three MCOs reported 100% agreement with reviewer determinations for both facility-based and community-based decisions and 100% agreement for facility-based timeliness and 100% for community-based timeliness. Additionally, all MCOs reported that ongoing training was provided for reviewers during Quarter 2. HSD will continue to monitor the MCOs’ internal audits of NF LOC determinations and identify and address any trends and provide technical assistance as needed.

**Table 20: MCO Internal NF LOC Audits– Facility-Based**

<b>Facility-Based Internal Audits</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>DY8Q2</b>
<b>High NF Determinations</b>				
<b>Total number of High NF LOC files audited</b>	<b>15</b>	<b>17</b>	<b>12</b>	<b>44</b>
BCBSNM	3	3	3	9
PHP	10	12	7	29
WSCC	2	2	2	6
<b>Total number of files with correct NF LOC determination</b>	<b>15</b>	<b>17</b>	<b>12</b>	<b>44</b>
BCBSNM	3	3	3	9
PHP	10	12	7	29
WSCC	2	2	2	6
<b>% of files with correct NF LOC determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

<b>Low NF Determinations</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>DY8Q2</b>
<b>Total number of Low NF LOC files audited</b>	<b>22</b>	<b>19</b>	<b>18</b>	<b>59</b>
BCBSNM	3	3	3	9
PHP	17	14	13	44
WSCC	2	2	2	6
<b>Total number of files with correct NF LOC determination</b>	<b>22</b>	<b>19</b>	<b>18</b>	<b>59</b>
BCBSNM	3	3	3	9
PHP	17	14	13	44
WSCC	2	2	2	6
<b>% of files with correct NF LOC determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
<b>Timeliness of Determinations</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>DY8Q2</b>
<b>Total number of High NF LOC determinations completed within required timeframes</b>	<b>22</b>	<b>19</b>	<b>18</b>	<b>59</b>
BCBSNM	3	3	3	9
PHP	17	14	13	44
WSCC	2	2	2	6
<b>% of High NF LOC determinations completed within required timeframes</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
<b>Total number of Low NF LOC determinations completed within required timeframes</b>	<b>22</b>	<b>19</b>	<b>18</b>	<b>59</b>
BCBSNM	3	3	3	9
PHP	17	14	13	44
WSCC	2	2	2	6
<b>% of Low NF LOC determinations completed within required timeframes</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY8 Q2 MCO Internal Audit Results  
Total percentage rows contain average percentages

**Table 20: MCO Internal NF LOC Audit Report – Community-Based**

<b>Community-Based Internal Audits</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>DY8Q2</b>
<b>Total number of Community-Based NF LOC files audited</b>	<b>98</b>	<b>96</b>	<b>96</b>	<b>290</b>
BCBSNM	30	28	28	86
PHP	52	52	52	156
WSCC	16	16	16	48
<b>Total number with correct NF LOC determination</b>	<b>98</b>	<b>96</b>	<b>96</b>	<b>290</b>
BCBSNM	30	28	28	86
PHP	52	52	52	156
WSCC	16	16	16	48
<b>% with correct NF LOC determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
<b>Timeliness of Determinations</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>DY8Q2</b>
<b>Total number of Community-Based determinations completed within required timeframes</b>	<b>98</b>	<b>96</b>	<b>96</b>	<b>290</b>
BCBSNM	30	28	28	86
PHP	52	52	52	156
WSCC	16	16	16	48
<b>% of Community-Based determinations completed within required timeframes</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY8 Q2 MCO Internal Audit Results  
 Total percentage rows contain aggregate percentages

***MCO NF LOC Determinations***

Per Special Terms and Conditions (STC) 40 for New Mexico’s Centennial Care 2.0 Waiver, HSD requires that the MCOs report to the state quarterly, a monthly breakdown of all the NF LOC determinations/redeterminations that were conducted. This report includes the total number of NF LOC determinations completed, the number of determinations that were completed timely, and the number of assessments completed where the Member did not meet LOC based on HSD NF LOC instructions. Beginning with DY7 Q4, HSD paused reporting timeliness of determination data due to direction in LOD #6, which waived timeliness requirements for NF LOC redeterminations because of the effects of the Public Health Emergency.

**Table 21: MCO NF LOC Determinations – Facility-Based**

<b>Facility-Based Determinations</b>				
	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>DY8Q2</b>
<b>High NF Determinations</b>				
<b>Total number of determinations/redeterminations completed for High NF LOC requests</b>	<b>70</b>	<b>70</b>	<b>71</b>	<b>211</b>
BCBSNM	18	16	18	52
PHP	46	46	46	138
WSCC	6	8	7	21
<b>Total number of determinations/redeterminations that met High NF LOC criteria</b>	<b>58</b>	<b>54</b>	<b>54</b>	<b>166</b>
BCBSNM	11	5	7	23
PHP	42	41	40	123
WSCC	5	8	7	20
<b>% of determinations/redeterminations that met High NF LOC criteria</b>	<b>83%</b>	<b>77%</b>	<b>76%</b>	<b>79%</b>
BCBSNM	61%	31%	39%	44%
PHP	91%	89%	87%	89%
WSCC	83%	100%	100%	95%
<b>Low NF Determinations</b>				
<b>Total number of determinations/redeterminations completed for Low NF LOC requests</b>	<b>459</b>	<b>332</b>	<b>389</b>	<b>1,180</b>
BCBSNM	149	68	84	301
PHP	275	234	247	756
WSCC	35	30	58	123
<b>Total number of determinations/redeterminations that met Low NF LOC criteria</b>	<b>438</b>	<b>319</b>	<b>373</b>	<b>1,130</b>
BCBSNM	146	65	80	291
PHP	257	224	235	716
WSCC	35	30	58	123
<b>% of determinations/redeterminations that met Low NF LOC criteria</b>	<b>95%</b>	<b>96%</b>	<b>96%</b>	<b>96%</b>
BCBSNM	98%	96%	95%	97%
PHP	93%	96%	95%	95%
WSCC	100%	100%	100%	100%

Source: QY8 Q2 External Quality Review Organization (EQRO) Quarterly MCO NF LOC Determinations Report  
 Total percentage rows contain average percentages

**Table 22: MCO NF LOC Determinations – Community-Based**

<b>Community Based Determinations</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>DY8Q2</b>
<b>Total number of determinations/redeterminations completed</b>	<b>2,394</b>	<b>2,211</b>	<b>2,586</b>	<b>7,191</b>
BCBSNM	679	633	708	2,020
PHP	1,540	1,444	1,617	4,601
WSCC	175	134	261	570
<b>Total number of determinations/redeterminations that did not meet NF LOC criteria</b>	<b>2,336</b>	<b>2,174</b>	<b>2,533</b>	<b>7,043</b>
BCBSNM	662	619	693	1,974
PHP	1,499	1,421	1,579	4,499
WSCC	175	134	261	570
<b>% of determinations/redeterminations that did not meet NF LOC criteria</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>
BCBSNM	97%	98%	98%	98%
PHP	97%	98%	98%	98%
WSCC	100%	100%	100%	100%

Source: DY8 Q2 External Quality Review Organization (EQRO) Quarterly MCO NF LOC Determinations Report  
Total percentage rows contain average percentages

### ***External Quality Review Organization (EQRO) NF LOC***

HSD’s EQRO reviews a random sample of MCO NF LOC determinations every quarter. HSD issued a reduced sample breakdown starting with the assessment period of 1/1/21-1/15/21. The new sample size per MCO is eight (8) total files. The sample size prior to 1/1/21 was sixteen (16) files per MCO.

The EQRO conducts ongoing random reviews of LOC determinations to ensure that the MCOs are applying HSD’s NF LOC criteria consistently. The EQRO provides a summary of their review to HSD monthly. Additionally, HSD monitors all determination denials identified in the EQRO review to identify issues of concern.

**Table 23: EQRO NF LOC Review**

<b>Facility-Based</b>		<b>DY8 Q1</b>	<b>DY8 Q2</b>	<b>DY8 Q3</b>	<b>DY8 Q4</b>
<b>High NF Determination</b>					
<b>Number of Member files audited</b>		<b>18</b>	<b>19</b>		
	BCBSNM	5	7		
	PHP	6	6		
	WSCC	7	6		
<b>Number of Member files the EQRO agreed with the determination</b>		<b>16</b>	<b>19</b>		
	BCBSNM	3	7		
	PHP	6	6		
	WSCC	7	6		
<b>% of Member files the EQRO agreed with the determination</b>		<b>89%</b>	<b>100%</b>		
	BCBSNM	60%	100%		
	PHP	100%	100%		
	WSCC	100%	100%		
<b>Low NF Determination</b>		<b>DY8 Q1</b>	<b>DY8 Q2</b>	<b>DY8 Q3</b>	<b>DY8 Q4</b>
<b>Number of Member files audited</b>		<b>36</b>	<b>35</b>		
	BCBSNM	13	11		
	PHP	12	12		
	WSCC	11	12		
<b>Number of Member files the EQRO agreed with the determination</b>		<b>36</b>	<b>35</b>		
	BCBSNM	13	11		
	PHP	12	12		
	WSCC	11	12		
<b>% of Member files the EQRO agreed with the determination</b>		<b>100%</b>	<b>100%</b>		
	BCBSNM	100%	100%		
	PHP	100%	100%		
	WSCC	100%	100%		
<b>Community-Based</b>		<b>DY8 Q1</b>	<b>DY8 Q2</b>	<b>DY8 Q3</b>	<b>DY8 Q4</b>
<b>Number of Member files audited</b>		<b>90</b>	<b>90</b>		
	BCBSNM	30	30		
	PHP	30	30		
	WSCC	30	30		
<b>Number of Member files the EQRO agreed with the determination</b>		<b>90</b>	<b>90</b>		
	BCBSNM	30	30		
	PHP	30	30		
	WSCC	30	30		
<b>% of Member files the EQRO agreed with the determination</b>		<b>100%</b>	<b>100%</b>		
	BCBSNM	100%	100%		
	PHP	100%	100%		
	WSCC	100%	100%		

Source: DY8 Q1/Q2 EQRO NF LOC Report for CMS. Total percentage rows contain aggregate percentages.

January 1, 2019 – December 31, 2023

The aggregated Facility-Based High NF determination percentage was 100% in DY8 Q2 for EQRO agreement, increasing from 89% in DY8 Q1. Aggregated Facility-Based Low NF determinations continue to average 100% in Q2 for EQRO agreement for determinations, which matched the percentage of Low NF determinations in DY8 Q1. Community-Based determinations remained at 100% in DY8 Q1 for EQRO agreement. HSD will continue to monitor the EQRO audit of MCO NF LOC determinations and identify and address any trends and provide technical assistance as needed.

# 8

## AI/ AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
BCBS	August 19, 2021 Virtual meeting	<p><b>Issue:</b> A member informed BCBS staff during the meeting that he was hospitalized in Arizona and BCBS won't cover his bill.</p> <p><b>Response:</b> One of the BCBS staff members spoke to him privately to get information. A call was made to the Provider Billing Department by BCBS Technical Business Specialist 09/2/2021 to address the issue. The notes don't state if the bill was paid. The outcome would be helpful to know.</p> <p><b>Issue:</b> A member asked about a quit line for tobacco cessation.</p> <p><b>Response:</b> Staff followed up with her and sent information on the BCBS tobacco cessation program.</p> <p><b>Issue:</b> Another member asked for help with a ramp.</p> <p><b>Response:</b> The BCBS staff asked the care coordination team to contact this member regarding her ramp. No further information provided.</p>
PHP	September 2, 2021 Virtual meeting	<p><b>Issue:</b> A member asked how long a mileage reimbursement letter is good for.</p> <p><b>Response:</b> PHP responded that it depends on the medical condition. If it was for a chronic medical condition, then the letter is good for a lifetime as long as they remain eligible for Medicaid and remain enrolled in PHP.</p> <p><b>Issue:</b> Member stated she uses the MyChart app and wanted to order a new membership card. MyChart wouldn't allow that so she called the PHP number and left a message, but no one called back.</p> <p><b>Response:</b> PHP informed group that new membership cards can't be ordered through MyChart. Members will need to call PCSC to request insurance card replacements.</p> <p><b>Issue:</b> Member has a two-month old and asked how to receive the rewards.</p> <p><b>Response:</b> PHP stated there were two reward programs – the Baby Rewards program and the rewards program through the DOH. PHP provided an explanation of each and the number the mother can</p>

		call.
WSCC	August 11, 2021 Virtual meeting	<p><b>Issue:</b> A member asked where the Food Farmacy program is located nearest to her.</p> <p><b>Response:</b> WSCC provided information on the Food Farmacy program that members can access for fresh farm produce and grocery items May-August. Members receive an envelope with \$15 tokens, list of farmers market locations, and booklet tailored to dietary guidelines specifically for a healthy eating lifestyle. Member was provided the information she needed.</p> <p><b>Issue:</b> Member asked if WSCC has a fitness gym list that covers the cost of the gym.</p> <p><b>Response:</b> This benefit is per member per day and includes a daily gym pass. The member services representative will provide member a list of facilities near her. The gym is free of charge. No update from the member services representative provided.</p> <p><b>Issue:</b> Another member wanted to point out that she was part of the Start Smart for Your Baby program and was very satisfied. She took advantage of the program, and the Pacify app. She reported that it was very convenient and a very great service. The nurses on the app answered all her questions.</p> <p><b>Response:</b> WSCC was glad to hear the feedback.</p>

MCO	Status of Contracting with MCOs
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 I/T/U providers. BCBS will continue to reach out quarterly to determine if the status has changed.
PHP	Presbyterian Health Plan (PHP) continues to honor the sovereignty of our Tribes, Nations and Pueblos and is continuing to adhere to the Covid-19 restrictions and public health orders implemented by each tribal administration. PHP has had successful interactions and is currently in discussion with a few tribal groups regarding agreements. Four Winds Residential Treatment Center is loaded into PHP network. In addition, PHP has welcomed new tribal programs as part of their provider network. Last quarter Navajo Nation Behavioral and Mental Health was integrated into the PHP network. PHP Native American Affairs continues to embrace every opportunity to communicate the availability of reimbursement agreements.
WSCC	In the second quarter of 2021, Western Sky Community Care (WSCC) was

	<p>able to conduct some outreach to Indian Health Services, Tribal self-governed facilities and Urban Indian Providers (I/T/U) regarding contracting for services. With the improvements in COVID-19 vaccination rates in NM some of the tribes have begun to re-open and allow programs to meet with non-tribal organizations. WSCC received contracting inquires for their Medicare DSNP and Medicare Advantage Plan Allwell from Jemez Pueblo and Fort Defiance Medical Center. WSCC received these request towards the end of the quarter and plan to have these contracts enacted in the third quarter of this year. They are also negotiating with Navajo Nation Division of Behavioral Health on contract language and scope of work.</p>
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# 9

## ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
<b>ACTION PLAN</b>	Provider Directory
<b>IMPLEMENTATION DATE:</b>	3/1/21
<b>COMPLETION DATE:</b>	Open Item
<b>ISSUES</b>	<p><b>2020 Provider Directory Audit</b> Eight findings from an external Provider Directory Audit. The first five findings are not contested and found that the general and online provider directories do not include all information components required by Contract, sections 4.14.5.1 and 4.14.5.4. The additional three findings are being carefully reviewed.</p>
<b>RESOLUTION</b>	<p>BCBS is diligently working to add required information to the website and to improve the quality of the information.</p> <p><b>Action Plan Timeframes</b></p> <ul style="list-style-type: none"> <li>• Assign Network Regulatory Analyst (NRA) to manage action plan by 02/12. <b>Completed.</b></li> <li>• Begin drafting action plan by 02/15. <b>Completed.</b></li> <li>• Begin discovery phase by 02/22. <b>Completed.</b></li> </ul> <p>* Anticipating discovery through Q2 2021. * Strategy and solutioning through Q4 2021. * Anticipating Umbrella Project: Print Directory Verification Enhancements remediation and closure by end of Q1 2022.</p> <p>HSD will continue to receive updates for BCBS's new Provider Directory platform. HSD is monitoring the progress of activities.</p>

BLUE CROSS BLUE SHIELD	
<b>ACTION PLAN</b>	Noncompliance by Transportation Vendor
<b>IMPLEMENTATION DATE:</b>	3/26/21

<b>COMPLETION DATE:</b>	Open Item
<b>ISSUES</b>	ModivCare has been placed on a corrective action plan for not meeting the contractual timeliness measures for certain Customer Service Call Center metrics and other additional contractual requirements
<b>RESOLUTION</b>	<p>Due to continued service level failures, the action plan remains open.</p> <p>Service Level (85% or more calls answered by a live person within 30 seconds) = Failed in April 84.9%, May 64.2%, June 80.8% and August 84.6% (Caretel must meet 3 consecutive months in order to close)</p> <p>Member Satisfaction (90% or higher) = Failed: February, June, July, August, September</p> <p>A-Leg (90% of pickups within 15 min of scheduled appointment time) = Failed: February, March, April, May, June, July</p> <p>Provider No Shows (Quality metric/driver must show up to pick up members from or medical appointment) = August = 21 reported Provider No Shows; September = 18 reported Provider No Shows"</p> <p>May 14, 2021: Draft Plan of Action (POA) was provided and reviewed with ModivCare for the additional performance measure deficiencies aside from the call center metrics.</p> <p>July 1, 2021: ModivCare and BCBS CC agreed with the findings and POA was implemented</p> <p>July 1, 2021 - September 30, 2021: Reviewed Daily and monthly reports. To date, ModivCare has not met the Service Level metric. ModivCare will need to meet 3 consecutive months before closing. Penalties/Sanctions are currently being considered.</p> <p>October 15, 2021: ModivCare advised they are working on 4 New Provider Contracts and are conducting Provider Expansions in Albuquerque Metro area, Socorro, Grants, Zuni and the Casa Blanca area to help mitigate Provider No Shows, A-Leg pickups and overall member satisfaction.</p> <p>HSD receives bi-weekly updates and continues to carefully review the ModivCare remediation plan and their progress.</p>

**PRESBYTERIAN HEALTH PLAN**

<b>ACTION PLAN</b>	PHP
<b>IMPLEMENTATION DATE:</b>	3/1/2021
<b>COMPLETION DATE:</b>	In Progress
<b>ISSUES</b>	2020 Provider Directory Audit
<b>RESOLUTION</b>	<p>4/1/21 - Seven findings related to a Provider Directory Audit. The first finding is not contested, which was that the general and online provider directories do not include all information components required by Contract, sections 4.14.5.1 and 4.14.5.4. The additional findings are being carefully reviewed. PHP is creating a detailed project plan to add required information to the website and to improve the quality of the information. HSD will receive updates for PHP's Provider Database Management project, which is in production and will improve the provider information required to feed the provider directory and downstream claims and encounters databases and other requirements dependent on provider information. The project plan was received by HSD on April 23, 2021. HSD accepted PHP's remediation plan and is monitoring the progress of activities.</p> <p>7/6/21 – PHP's corrective action plan (CAP) is in progress. An updated of the project plan was provided to the HSD Contract Manager.</p> <p>10/1/21 – PHP CAP is being reviewed monthly to assess progress and resource needs. A system build is required to ensure accuracy and provider adoption to help ensure required information is updated. PHP is working on both strategies.</p>

**PRESBYTERIAN HEALTH PLAN**

<b>ACTION PLAN</b>	Secure Transportation
<b>IMPLEMENTATION DATE:</b>	3/4/2021
<b>COMPLETION DATE:</b>	In Process
<b>ISSUES</b>	Improvement Plan – Network Adequacy

<b>RESOLUTION</b>	Secure was put on an Improvement plan for the Network issues. Monthly meetings with Secure and PHP Leadership to review issues/concerns. 9/13/2021 Update: Network concerns remained an issue for Secure. PHP put Secure on a corrective action plan (CAP) as the issues are not getting resolved timely. Secure will provide updates monthly on efforts to improve the network, next update due in October.
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<b>PRESBYTERIAN HEALTH PLAN</b>	
<b>ACTION PLAN</b>	Versant Health (Vision)
<b>IMPLEMENTATION DATE:</b>	4/5/2021
<b>COMPLETION DATE:</b>	Closed
<b>ISSUES</b>	Network Concerns
<b>RESOLUTION</b>	PHP closed the Improvement Plan (IP) for Network issues with Versant but will continue to monitor. On-going network issues included: 1) incorrect benefit quotes, 2) web portal issues, and 3) Versant's provider outreach campaign plan.

<b>PRESBYTERIAN HEALTH PLAN</b>	
<b>ACTION PLAN</b>	Versant Health (Vision)
<b>IMPLEMENTATION DATE:</b>	4/5/2021
<b>COMPLETION DATE:</b>	In Progress
<b>ISSUES</b>	Annual Audit: Utilization Management & File Review
<b>RESOLUTION</b>	PHP is continuing to monitor the UM file while the Annual Audit is in progress and will evaluate at its conclusion in October. August 2021 - Documentation audit: Met 100% for the timely documentation requirements for all clinical reviewers and 100% of cases passed all parameters for documentation. 9/10/2021 - Clinical Operations reviewed and did not have any concerns/comments.

<b>PRESBYTERIAN HEALTH PLAN</b>	
<b>ACTION PLAN</b>	Foster-Adopted Parent Payee Issue Remediation Plan
<b>IMPLEMENTATION DATE:</b>	5/12/2021

<b>COMPLETION DATE:</b>	In progress
<b>ISSUES</b>	Foster/adoptive Parents Responsiveness
<b>RESOLUTION</b>	<ul style="list-style-type: none"> <li>• The foster/adopted parent data is in production system (Facets) and the Presbyterian Customer Service Center (PCSC) staff are using that to authenticate member information. – Action has been completed.</li> <li>• PCSC is creating a specialty team to address CYFD foster/adopted parent/member needs. This team will have enhanced training and knowledge and act as the CYFD Liaison between PHP and HSD. – Action has been completed.</li> <li>• PCSC is creating a unique phone number and email address for CYFD fosters parents to contact. – Action has been completed.</li> <li>• Future CYFD foster/adopted parent calls that contact the general Centennial Care member line will be warm transferred into the CYFD specialty team and be educated of the direct phone number to avoid future transfers. – Action has been completed.</li> <li>• All intakes, complex issues, and escalations will be referred to the CYFD specialty team for resolution and follow-up. – Action has been completed.</li> <li>• PCSC will work with the Analytics Organization to create a dashboard to monitor quality of service to CYFD foster/adopted parents. – In progress.</li> </ul>

<b>PRESBYTERIAN HEALTH PLAN</b>	
<b>ACTION PLAN</b>	Dentaquest
<b>IMPLEMENTATION DATE:</b>	5/13/2021
<b>COMPLETION DATE:</b>	In Process
<b>ISSUES</b>	Improvement Plan – In Process

<b>RESOLUTION</b>	<p>Annual Audit: PHP's subject matter expert (SME) determined that claims that deny as a true duplicate to a previously processed claim should only deny with the duplicate denial code, 2029. An adjustment to the claim's logic can correct the issue. In addition, training may need to be provided to the medical billers to ensure the claim meets the standards of compliance, both for coding and format. An Improvement Plan was required.</p> <p>PHP is monitoring monthly. Dentaquest provided the following update: DentaQuest completed its research to technical changes required to suppress inconsequential denial reasons. It has been determined the change to the adjudication logic requires a significant system enhancement including software development. The ticket has been moved to the prioritization waiting list.</p>
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<b>PRESBYTERIAN HEALTH PLAN</b>	
<b>ACTION PLAN</b>	PHP 2019 EQRO Compliance Audit
<b>IMPLEMENTATION DATE:</b>	7/1/2021
<b>COMPLETION DATE:</b>	In Process – Based on Draft Report
<b>ISSUES</b>	Improvement Plan – In Process
<b>RESOLUTION</b>	PHP is implementing corrective actions on any item found in the audit that is less than "fully compliant."

<b>WESTERN SKY COMMUNITY CARE</b>	
<b>ACTION PLAN</b>	Noncompliance by Transportation Vendor
<b>IMPLEMENTATION DATE:</b>	12/8/2020
<b>COMPLETION DATE:</b>	3/16/2021

<b>ISSUES</b>	Following the 2020 Audit, the transportation vendor, Secure Transportation, provided and WSCC accepted a new Quality Improvement Plan (QIP) to resolve the remaining credentialing issues from the 2019 & 2020 audits and the identified driver and vehicle requirement deficiencies. All QIP documents and responses to address nine findings were due by March 8, 2021. WSCC provided monthly updates on the progress of the QIP to HSD.
<b>RESOLUTION</b>	Five findings have been resolved. The remaining unresolved findings have been escalated to a Corrective Action Plan.

<b>WESTERN SKY COMMUNITY CARE</b>	
<b>ACTION PLAN</b>	Non-compliance by Transportation Vendor
<b>IMPLEMENTATION DATE:</b>	3/16/2021
<b>COMPLETION DATE:</b>	Open Item
<b>ISSUES</b>	Corrective Action Plan (CAP) for the unresolved findings from the Transportation Vendor Quality Improvement Plan
<b>RESOLUTION</b>	<p>One Finding was resolved in Q2. Validation of the documentation submitted for the remaining findings occurred during Q3. WSCC determined that Secure did not meet the metrics for the validation of credentialing/recredentialing. WSCC is now financially penalizing Secure until validation meets the metric.</p> <p>Effective September 1, 2021, WSCC assessed a monthly penalty of 1% of the total monthly capitation or compensation amount paid to Secure Transportation. Secure will provide a driver universe every 90 calendar days for WSCC to validate its review of the Credentialing/Recredentialing file. The 1% penalty will continue until the Credentialing/Recredentialing tool receives a compliance score of at least 90%. The initial driver universe will be provided in Q4.</p>

## WESTERN SKY COMMUNITY CARE

<b>ACTION PLAN</b>	Provider Directory
<b>IMPLEMENTATION DATE:</b>	3/1/21
<b>COMPLETION DATE:</b>	Open Item
<b>ISSUES</b>	2020 Provider Directory Audit
<b>RESOLUTION</b>	<p>There were eight Findings from an external audit, related to the completeness, accuracy, and consistency of information included in the provider directory when compared to the requirements in Sections 4.14.5.1 and 4.14.5.4 of the Managed Care Agreement. On April 19, 2021, WSCC provided a detailed Action Plan with timelines for resolution of each Finding. HSD will continue to receive updates on the progress of WSCC's Action Plan.</p>

# 10

## FINANCIAL/ BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY8 Q3 reflects the capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2020 and the updated rates submitted on August 5, 2021. On average, the CY 2021 rate was higher than that of CY 2020; however, fee-for-service claim payments during CY 2021 were still lagging, and they affected the PMPMs for MEGs 1, 2, 4 and 6 compared to those of CY 2020 (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 DY7 is 13.5% below the budget neutrality limit (Table 7.5) through seven (7) quarters of payments. For DY8, Table 7.5 shows a 22.6% below the budget neutrality limit with preliminary data through two quarters.

# 11

## MEMBER MONTH REPORTING

Member Months		2021
		3
MEG1	0-FFS	108,172
	Presbyterian	651,159
	Western Sky	121,393
	Blue Cross Blue Shield	420,314
	<b>Total</b>	<b>1,301,038</b>
MEG2	0-FFS	7,112
	Presbyterian	61,789
	Western Sky	11,082
	Blue Cross Blue Shield	36,475
	<b>Total</b>	<b>116,458</b>
MEG3	Presbyterian	66,833
	Western Sky	9,221
	Blue Cross Blue Shield	32,261
	<b>Total</b>	<b>108,315</b>
MEG4	0-FFS	463
	Presbyterian	340
	Western Sky	57
	Blue Cross Blue Shield	241
	<b>Total</b>	<b>1,101</b>
MEG5	Presbyterian	8,630
	Western Sky	1,543
	Blue Cross Blue Shield	6,726
	<b>Total</b>	<b>16,899</b>
MEG6	0-FFS	90,315
	Presbyterian	390,172
	Western Sky	95,455
	Blue Cross Blue Shield	303,489
	<b>Total</b>	<b>879,431</b>
MG10	0-FFS	73
	<b>Total</b>	<b>73</b>
<b>Total</b>		<b>2,423,315</b>

January 1, 2019 – December 31, 2023

# 12

## CONSUMER ISSUES

### GRIEVANCES

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

In DY8 Q3, the reports submitted by MCOs for July, August and September were reviewed and analyzed to determine compliance with contractual requirements. HSD did not observe any significant changes in the grievances reported for Q2 to Q3. The table below is a summary of the quarterly data reported by the MCOs for DY8:

**Table 24: Grievances Reported**

Grievances reported (July - September 2021)																
Grievances	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Member Grievances	284	316	363		345	460	536		59	57	52		688	833	951	
Top Two Primary Member Grievance Codes																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	TOTAL BY QUARTER			
													Q1	Q2	Q3	Q4
Transportation Ground Non-Emergency	184	183	216		133	206	267		19	23	18		336	412	501	
Other Specialties	2	5	0		27	20	28		3	2	0		32	27	28	
Variable Grievances	98	128	147		185	234	241		37	32	34		320	394	422	

Source: MCO Report #37

## APPEALS

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

In DY8 Q3, the reports submitted by MCOs for July, August and September were reviewed and analyzed to determine compliance with contractual requirements. HSD did not observe any significant changes in the appeals reported for Q2 to Q3. The table below is a summary of the quarterly data reported by the MCOs for DY8:

**Table 25: Appeals Reported**

Appeals Reported (July - September 2021)																
APPEALS	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Standard Member Appeals	448	436	425		465	452	479		29	16	19		942	904	923	
Number of Expedited Member Appeals	50	31	53		26	43	38		12	5	14		88	79	105	
Top Two Primary Member Appeal Codes																
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	TOTAL BY QUARTER			
													Q1	Q2	Q3	Q4
Denial or limited authorization of a requested service	446	447	339		461	476	508		29	16	18		936	939	865	
Denial in whole of a payment for a service	40	13	3		29	16	6		0	0	0		69	29	9	
Variable Appeals	12	7	136		1	3	3		12	5	15		25	15	154	

Source: MCO Report #37

# 13

## QUALITY ASSURANCE/ MONITORING ACTIVITY

### ADVISORY BOARD ACTIVITIES

Under the terms of HSD’s Centennial Care 2.0 Managed Care Services Agreements and the Managed Care Policy Manual, the MCOs are required to convene and facilitate a Native American Advisory Board and a Member Advisory Board to advise on service delivery, the quality of covered services, and member needs, rights, and responsibilities. HSD specifies the frequency of board meetings. The MCOs report semi-annually on the activities of the Advisory Boards. Please reference Table 19: 2021 MCO Advisory Board Meeting Schedules below.

**Table 26: 2021 MCO Advisory Board Meeting Schedules**

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

BCBS	5/6/2021	12:00-1:30 PM	Virtual- Eight Northern Pueblos
BCBS	8/19/2021	12:00-1:30 PM	Virtual- Albuquerque
BCBS	11/18/2021	12:00-1:30 PM	Virtual- Mescalero

### SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
BCBS	See above	See above	All above locations (SDCB included in each meeting)

### BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE

MCO	DATE	TIME	LOCATION
BCBS	See above	See above	All above locations (BH included in each meeting)

### PHP 2021

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

### MEMBER ADVISORY BOARD MEETING SCHEDULE (CENTRAL AREA)

MCO	DATE	TIME	LOCATION
PHP	3/5/2021	11:00 AM	Virtual Meeting
PHP	6/4/2021	11:00 AM	Virtual Meeting
PHP	9/10/2021	11:00 AM	Virtual Meeting
PHP	12/14/2021	11:00 AM	Virtual Meeting

### RURAL AREA MEETINGS

MCO	DATE	TIME	LOCATION
PHP	5/14/2021	11:00 AM	Virtual Meeting
PHP	7/16/2021	11:00 AM	Virtual Meeting

**NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE**

<b>MCO</b>	<b>DATE</b>	<b>TIME</b>	<b>LOCATION</b>
PHP	3/24/2021	12:00 PM (Noon)	Virtual Meeting
PHP	6/23/2021	4:00 PM	Virtual Meeting
PHP	9/22/2021	3:00 PM	Virtual Meeting
PHP	12/8/2021	TBD	Virtual Meeting – To Be Determined (TBD)

**SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE**

<b>MCO</b>	<b>DATE</b>	<b>TIME</b>	<b>LOCATION</b>
PHP	TBD	TBD	Meetings On Hold *Due to the low volume of self-directed members, PHP opted to fold these meetings into its broader Centennial Care Member Advisory Board. Updates are provided at every meeting, presented by PHP’s LTC Care Coordination Manager.

**BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE**

<b>MCO</b>	<b>DATE</b>	<b>TIME</b>	<b>LOCATION</b>
PHP	3/9/2021	1:00 PM	Virtual Meeting
PHP	6/8/2021	1:00 PM	Virtual Meeting
PHP	9/22/2021	1:00 PM	Virtual Meeting
PHP	12/8/2021	1:00 PM	Virtual Meeting

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

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

**COMMUNITY ADVISORY BOARD MEETING SCHEDULE**

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

## Quality Assurance

DY8 Q3

### **Quarterly Quality Meeting**

HSD holds Quarterly Quality Meetings (QQMs) with the MCOs to provide HSD updates and guidance on required quality monitoring activities as well as relay HSD findings from the monthly, quarterly, and annual reports submitted by the MCOs.

The HSD Quality Bureau, Performance Measure unit, Quarterly Quality Meeting (QQM) for Q3 DY8 was held on September 22, 2021. HSD presented the MCOs CY21 Q2 performance status, and the comparison to their CY21 targets for each of the ten (10) Performance Measures (PMs). The MCOs discussed their barriers and challenges for the measures, while sharing their interventions to meet the CY21 targets.

The MCOs were advised that two (2) new Tracking Measures (TMs) were added effective with the CY21 Q3 report, and the quarterly TM reporting template was revised:

TM#11 Follow-up Care for Children Prescribed ADHD Medication  
TM#12 Child and Adolescent Well-Care Visits

### **Follow-up after Hospitalization for Mental Illness (FUH) and Follow-up after Emergency Department Visit for Mental Illness (FUM) – Monthly Monitoring**

HSD Quality Bureau initiated a Monthly Monitoring Plan to address the decline in Healthcare Effectiveness Data and Information Set (HEDIS) rates from Calendar Year (CY) 2017 to CY 2018, for FUH and FUM with the legacy MCOs (BCBS and PHP). In August of DY7 and after a full year of participating in HEDIS reporting, HSD directed WSCC to begin submissions on both measures. HSD provided the MCOs with directions and a monitoring tool to provide a monthly account of the ongoing interventions, strategies, and barriers associated with improving performance outcomes.

In Q3 of DY8, HSD reviewed and analyzed reports submitted in Q2 (April, May, and June). HSD will report DY8 Q3 data in the DY8 Q4 submission of the CMS report.

The DY8 HSD target rate for FUH is 50.22% (CY21 Target). By M6, one MCO met the HSD established target. Throughout DY8, MCOs had the following average rates: BCBS 46.87%, PHP 44.56%, and

WSCC 38.67%. HSD will continue to receive Monthly Monitoring Plans for Follow-Up After Hospitalization for Mental Illness 30-day (FUH) for the remainder of DY8.

The DY8 HSD target rate for FUM is 45.01% (CY21 Target). By M3, two MCOs exceeded the HSD established target. Throughout DY8 MCOs had the following average rates: BCBS 49.32%, PHP 52.67%, and WSCC 32.84%. HSD will continue to receive Monthly Monitoring Plans for Follow-Up After Emergency Department Visit for Mental Illness-30 Day (FUM) for the remainder of DY8.

HSD noted the following strategies and interventions developed by the MCOs to advance the rates in both FUM and FUH.

**BCBS**

**FUH:** M4 44.26%; M6 51.47%: Increase of 7.21 percentage points  
Strategies and Interventions:

The Transition of Care (TOC) program outreach continued as designed through Q2 of DY8. In Q2 the BH Clinical Operations Leadership team met to complete a full quarterly evaluation of workflow processes and program updates. The BH Clinical Operations Leadership coordinated with Provider Network teams to identify a new Network contact to schedule ongoing quarterly meetings with Border Area Mental Health. The BH Clinical Operations Leadership team will continue to meet with their staff on a weekly basis to encourage the use of the Reserved Appointment initiative and identify any barriers. The BH Quality team provided all three participating facilities with their final dashboards for the 2019-2020 measurement period. The BH Quality team also pulled reporting to obtain 2020 baseline data for the 2021 measurement period for the three participating facilities. The 2021 performance dashboard with January and February 2021 data was calculated and provided to facilities via email. The BH Quality staff also scheduled quarterly meetings with facilities. The BH Quality and BH Clinical Operations staff met with Mesilla Valley Hospital on 6/23/21, Eastern New Mexico on 6/28/21.

**FUM:** M4 51.54%; M6 55.79%: Increase of 4.25 percentage points  
Strategies and Interventions:

In Q2 a training was held virtually with New Mexico providers. These providers included behavioral health clinicians, nurses, and physicians around the topic of Depression, which included FUM. BH Clinical Operations Leadership maintained weekly tracking of

Transition of Care (TOC) and Recovery Support Assistant (RSA) member engagement. The BH Clinical Operations Leadership team also held weekly meetings with staff. During Q2 of DY8 BCBS held monthly meetings with BH Quality team to discuss BH and PM Trackers. The BH Quality team will assist providers who attended the training with receiving their CEU(Continuing Education Unit)/CME (Continuing Medical Education) credits. The provider training webinar will be made available for providers who were not able to attend the June 2021 training. Providers will be able to still view the presentation and receive CME/CEU credit.

PHP

**FUH:** M4 50.80%; M6 50.00%: Decrease of 0.80 percentage points  
Strategies and Interventions:

Rates are monitored monthly by Quality Improvement (QI) and Performance Improvement (PI) teams, who advise Executive leadership teams on current rates and intervention progress reports monthly. Stakeholder collaboration and QI Steering Committees receive updates quarterly. PHP typically uses internal PI and QI meetings to formulate decision making and will involve other departments (such as Care Coordination) as required. PHP has been conducting Quarterly analysis of Model Facility Incentive Program (MFIP), BH Quality Incentive Program (BQIP), and Provider Quality Incentive Program (PQIP) by QI VBP program teams, who are available for meetings and consultations with participating or new providers as requested. Implementation of post-discharge billing codes for follow-up therapeutic appointments for recently discharged members is having a direct positive impact on FUH rates when billing and contract concerns have been addressed internally.

**FUM:** M4 64.14%; M6 65.25%: Increase of 1.11 percentage points  
Strategies and Interventions:

Members who meet FUM technical specifications denominator criteria are routinely within the targeted population of the PHPs Consult Liaison Services, which targets members within seven (7) Presbyterian Healthcare Services (PHS) delivery system emergency departments. Based on pre-manage reports and Critical Incident Reports, members who have ED visits for mental illness are assigned Care Coordinators who complete follow-up outreach as indicated. The targeted populations for this intervention are members and Care Coordination staff. Value-Based Programs are used to incentivize outpatient providers to complete FUM follow-up appointments within 30 days of the member's ED visit. The targeted population for this intervention is outpatient physical health

providers. BH HEDIS educational resources will be used to educate Care Coordination teams, internal personnel, and outpatient providers on the FUM measure technical specifications and how to be successful in providing timely follow-up care. The targeted populations for this intervention include staff, providers, and other community stakeholders.

WSSC

**FUH:** M4 37.24%; M6 47.88% Increase of 10.64 percentage points  
Strategies and Interventions:

BH Liaisons review a daily list of inpatient psychiatric discharges. The Liaisons work with discharge facilities on discharge planning and reach out to members telephonically to assist them with aftercare. Members are referred to providers throughout the state but may also be referred to Teambuilders Behavioral Health of Santa Fe for an initial telehealth assessment. Teambuilders Behavioral Health of Santa Fe completes statewide telephonic outreach to WSSC members after discharge to complete a preliminary telehealth assessment, however, this does not take the place of scheduled appointments with outpatient providers. Facility discharge planners and WSSC Behavioral Health Liaisons refer members to Teambuilders Behavioral Health of Santa Fe upon discharge. Additionally, WSSC members have access to Teladoc services. WSSC collaborates with ten (10) community BH providers that cover more than half of NM counties. The community partnerships incentivize meeting targets for BH HEDIS measures. WSSC is developing the Telehealth Behavioral Health Discharge Incentive Program with psychiatric hospitals serving our membership. The purpose of this program is to improve discharge coordination between inpatient, acute psychiatric providers and community behavioral health providers focusing on follow-up visits, engagement, and the reduction of readmission(s). Three (3) hospitals have signed on to this program, however, WSSC is working with several others to bring the total to five (5) hospitals.

**FUM:** M4 32.80%; M6 36.27% Increase of 3.47 percentage points  
Strategies and Interventions:

Primary member-facing for the 30-day timeframe is telephonic outreach to WSSC members that had a recent ED visit. A BH focused team reaches out to members identified via a daily list of members discharged from a New Mexico Emergency Department, conducting at least three (3) attempts. Call attempts are tracked using a Care Coordination Tool (TruCare). The outreach team can now refer members directly to Teambuilders Behavioral Health of Santa Fe for a telephonic initial assessment, while the goal is to

move the member toward a more routine community based BH treatment. WSCC is engaging in VBP with ten (10) BH provider groups covering seventeen (17) counties throughout the state. Provider groups have been incorporating strategies, such as “open access” clinic hours for WSCC members, utilizing a Treat First Approach to provide access. WSCC continues to have Behavioral Health Improvement Team Workgroup Meetings, where BH trends are discussed including the FUM measure. The VBP team meets monthly with the BH VBP provider group Consortium. The WSCC Quality team is working with trainers on BH Clinical Training Curriculum Development to create a BH-focused provider training series. This initiative is currently in the development phase, with anticipated roll out towards the end of 2021. WSCC is finalizing the impact assessment of the FUH 30-day follow up gift card program, which should be complete in August. The team is also continuing to develop and deliver a BH Clinical Training series to educate providers about important measures. Quality Provider Liaisons will begin working with provider groups to improve FUH metrics. WSCC looks forward to reporting outcomes from the new Telehealth Discharge Incentive Program.

**Performance Measures (PMs)**

HSD Performance Measures (PMs) and targets are based on HEDIS technical specifications. Each MCO is required to meet the established performance targets. Each CY target is a result of the CY 2018 MCO aggregated Audited HEDIS data, calculating an average increase for each CY until reaching the CY 2018 Quality Compass Regional Average plus one (1) percentage point. Failure to meet the HSD-designated target for individual performance measures during the CY will result in a monetary penalty based on two percent (2%) of the total capitation paid to the MCO for the agreement year.

HSD requires the MCOs to submit a quarterly report that is used to monitor the performance of each PM to determine if MCOs are on track for meeting the established target. MCOs report any significant changes as well as interventions, strategies, and barriers that impact improved performance. HSD staff will review and analyze the data to determine if the MCOs are trending towards meeting the established targets. HSD findings are communicated to the MCOs through MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meeting (QQM).

Below are the MCO quarterly rates and interventions for each Performance Measure (PM) and their established target for CY

2021. Q3 PM data will be received on October 15, 2021 and will be reported in the Q4 CMS Quarterly Monitoring Report:

The following PMs show results for DY8 Q1 and Q2 reporting:

PM #1 (1 point) – Well-Child Visits in the First fifteen (15) Months of Life (W30)

The percentage of Members who turned fifteen (15) months old during the measurement year and had six (6) or more well-child visits:

CY 2021 target is 63.72%.

BCBS Q1 34.08%; Q2 48.99%: Increase of 14.91 percentage points from Q1 to Q2.

PHP Q1 28.71%; Q2 50.27%: Increase of 21.56 percentage points from Q1 to Q2.

WSCC Q1 21.63%; Q2 32.92%: Increase of 11.29 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 30.02%; Q2 Total 47.15%: Increase of 17.13 percentage points from Q1 to Q2.

MCO Strategies and Interventions:

BCBS Intervention: Sixteen (16) scorecards were generated and reviewed with provider groups in Q2 of 2021. Scorecards included providers' trending of the W15 subset of W30, including the measure rate for the provider group, target goal, total gap closure needed to meet the target goal, eligible population for the measure, total gaps, and total compliant. Members were contacted telephonically to encourage the parent/guardian to schedule and complete a well-child visit in the first fifteen (15) months of life.

PHP Intervention: PHP reports the launch of a new reward program designed to encourage guardians to schedule and keep well-child visits. Performance Improvement staff work with provider representatives to ensure providers are aware of the new program.

WSCC Intervention: WSCC has designed interventions using mailers, texting, phone call campaigns (Proactive Outreach Management – POM), and provider outreach for Q2. WSCC continues to discuss strategy in Value Based Payment monthly/quarterly meetings with providers. Two (2) new quality staff were hired as Provider Liaisons to work with provider groups to improve HEDIS scores.

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

The percentage of Members ages three (3) through seventeen (17) years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year:

For this measure the National Committee for Quality Assurance (NCQA) offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022.

CY 2021 target is 53.33%.

BCBS Q1 11.59%; Q2 15.82%: Increase of 4.23 percentage points from Q1 to Q2.

PHP Q1 4.01%; Q2 6.89%: Increase of 2.88 percentage points from Q1 to Q2.

WSCC Q1 6.05%; Q2 10.51%: Increase of 4.46 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 7.27%; Q2 Total 10.79%: Increase of 3.52 percentage points from Q1 to Q2.

MCO Strategies and Interventions:

BCBS Intervention: In Quarter Two (Q2) 2021, monthly meetings were held with thirteen (13) different medical groups where scorecards that reflect performance on HEDIS measures including Weight Assessment and Counseling for Nutrition and Physical Activity (WCC) were reviewed. The providers were also offered training and up to date member gap lists for all measures.

PHP Intervention: PHP continues to work with providers to ensure guardians schedule needed preventative and well-child visits. Performance Improvement staff partner with provider representatives and office staff to ensure understanding of requirements and improved documentation of nutrition assessment and education of members/guardians. In addition, PHP continues to enhance administrative data collection to provider early documentation of compliance.

WSCC Intervention: Initiatives to increase annual well visits were in development in Q2, and will be rolled out in Q3, including well visit mailers and automated reminder calls. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) is a pay-for-performance measure for

our pediatric Value Based Payment (VBP) providers. WSCC works with VBP and other providers to enable them to submit supplemental data to meet this measure.

*PM #3 (1 point) – Prenatal and Postpartum Care (PPC)*

The percentage of Member deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit as a Member of the MCO in the first trimester or within forty-two (42) Calendar Days of enrollment in the CONTRACTOR's MCO:

CY 2021 target is 80.70%.

BCBS Q1 59.74%; Q2 58.78%: Decrease of 0.96 percentage points from Q1 to Q2.

PHP Q1 54.57%; Q2 55.51%: Increase of 0.94 percentage points from Q1 to Q2.

WSCC Q1 48.48%; Q2 49.81%: Increase of 1.33 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 55.99%; Q2 Total 56.15%: Increase of 0.16 percentage points from Q1 to Q2.

**MCO Strategies and Interventions:**

BCBS Intervention: Ongoing member facing interventions include deployment of Special Beginnings Maternity Care Coordination program and Centennial Home Visiting referrals to contracted providers. Provider engagement meetings are ongoing.

PHP Intervention: PHP continues to work closely with providers and members to ensure that postpartum visits occur both in the appreciate timeframe and in the correct settings for members. Outreach calls are made to members to offer support and assistance in obtaining needed services.

WSCC Intervention: During Q2, WSCC developed a data strategy to identify women who are in the pregnancy-only category of eligibility for outreach by the Start Smart for your Baby (SSFB) team. These new members are given the opportunity to participate in the SSFB program and learn about their pregnancy benefits and virtual baby showers. Members who attend the showers get a "baby box" with a diaper bag, diapers, bibs, etc., and receive an infant care seat. SSFB program members are also offered enrollment in the Pacify program. Pacify is an electronic, on-demand resource, there are no appointments needed, members can be connected to a consultant within seconds, and the program includes a 24/7 nurse advice line. WSCC is developing an OB/GYN-specific program to address

women's health needs for 2022.

PM #4 (1 point) – Prenatal and Postpartum Care (PPC)

The percentage of Member deliveries that had a postpartum visit on or between seven (7) and eighty-four (84) Calendar Days after delivery.

For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022.

CY 2021 target is 64.65%.

BCBS Q1 42.98%; Q2 47.59%: Increase of 4.61 percentage points from Q1 to Q2.

PHP Q1 45.54%; Q2 51.68%: Increase of 6.14 percentage points from Q1 to Q2.

WSCC Q1 32.17%; Q2 38.39%: Increase of 6.22 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 43.33%; Q2 Total 48.76%: Increase of 5.43 percentage points from Q1 to Q2.

MCO Strategies and Interventions:

BCBS Intervention: Ongoing member facing interventions include deployment of Special Beginnings Maternity Care Coordination program, Centennial Home Visiting referrals to contracted providers and postpartum visit assistance member outreach calls by the quality management specialist.

PHP Intervention: PHP continues to work closely with providers and members to ensure that postpartum visits occur both in the appropriate timeframe and in the correct settings for members. Outreach calls are made to members to offer support and assistance in obtaining needed services.

WSCC Intervention: WSCC provides education and assistance to new mothers via the Start Smart for Baby (SSFB) program and virtual baby showers. The SSFB team calls both SSFB participants and non-participants after delivery to ensure the infant is attending well baby visits and to assist the mother with scheduling a postpartum appointment, signing up for the electronic Pacify lactation consultant program. The SSFB team also provides assistance with any social determinants needs, such as connecting

the member with the Member Connections team if housing, meals, transportation, or other issues are identified.

PM #5 (1 point) – Childhood Immunization Status (CIS):  
Combination 3

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.

For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2022.

CY 2021 target is 69.27%.

BCBS Q1 50.12%; Q2 58.01%: Increase of 7.89 percentage points from Q1 to Q2.

PHP Q1 54.24%; Q2 62.02%: Increase of 7.78 percentage points from Q1 to Q2.

WSCC Q1 34.54%; Q2 47.68%: Increase of 13.14 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 50.71%; Q2 Total 57.94%: Increase of 7.23 percentage points from Q1 to Q2.

**MCO Strategies and Interventions:**

**BCBS Intervention:** BCBS members are contacted telephonically to encourage the parent/guardian to complete immunizations as needed. Assistance in scheduling an appointment was also offered to members. Sixteen (16) scorecards were generated and reviewed with provider groups in the second quarter of 2021. Scorecards included providers' trending of the CIS measure.

**PHP Intervention:** PHP continues to reach out to members in a multitude of methodologies: mail, phone calls, provider notifications, and in-person events. Support to the Got Shots program throughout the year and coordination with providers remain a cornerstone of immunization program.

**WSCC Intervention:** WSCC has been working on several initiatives to close immunization care gaps. A social media health tip post providing parents with a link to Centers for Disease Control

immunization guides was released in Q2. WSCC also continues to work with their Value Based Payment (VBP) providers to improve this measure by ensuring that provider teams know how to access member lists on the provider portal.

*PM #6 (1 point) – Antidepressant Medication Management (AMM):  
Continuous Phase*

The number of Members age eighteen (18) years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depression during the intake period and received at least one-hundred eighty (180) Calendar Days (6 months) of continuous treatment with an antidepressant medication.

CY 2021 target is 34.76%.

BCBS Q1 28.76%; Q2 34.16%: Increase of 5.4 percentage points from Q1 to Q2.

PHP Q1 46.24%; Q2 45.10%: Decrease of 1.14 percentage points from Q1 to Q2.

WSCC Q1 26.68%; Q2 33.36%: Increase of 6.68 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 33.18%; Q2 38.27%: Increase of 5.09 percentage points from Q1 to Q2.

**MCO Strategies and Interventions:**

BCBS Intervention: A provider education webinar on depression screening and the AMM measure took place in Q2 2021. The webinar specifically targeted primary care providers and sought to educate providers on appropriately identifying and treating depression and best practices.

PHP Intervention: PHP added the AMM metric in the Value Based Purchasing Provider Quality Incentive Program (PQIP). A Provider Education Conference (PEC) was conducted for physical health providers/provider groups in Q2 2021. The PEC included a presentation on the importance of depression screening during routine office visits, especially in a post-COVID environment in which symptoms might have been escalated.

WSCC Intervention: The WSCC Pharmacy team worked in Quarter 2 to identify members with time left in the AMM measure. This intervention is primarily to find members with no antidepressant refills remaining on their prescription and outreach to pharmacies to monitor whether prescriptions are current. This includes requesting 90-day fills when a member appears to be a candidate.

PM #7 (1 point) – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET): Initiation

The total percentage of adolescent and adult Members with a new episode of alcohol or other drug (AOD) dependence who received the following: Initiation of AOD Treatment.

CY 2021 target is 44.74%.

BCBS Q1 38.48%; Q2 41.18%: Increase of 2.7 percentage points from Q1 to Q2.

PHP Q1 42.46% Q2 49.43%: Increase of 6.97 percentage points from Q1 to Q2.

WSCC Q1 42.38%; Q2 43.21%: Increase of 0.83 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 40.93%; Q2 Total 45.77%: Increase of 4.84 percentage points from Q1 to Q2.

**MCO Strategies and Interventions:**

BCBS Intervention: Ongoing interventions were continued in Q2 2021 including Recovery Support Assistant (RSA) staff assisting members with scheduling follow-up appointments, and the Reserved Appointment Initiative.

PHP Intervention: A BH Provider Town Hall was held in Q2 2021. Main education topics included an overview of all BH HEDIS metrics (including IET) and an introduction to Value Based Purchasing Programs. Providers were encouraged to enroll in VBP programs if they were eligible. There were forty (40) provider or provider groups in attendance at the Q2 2021 Provider Town Hall. All Value Based Purchasing (VBP) programs continued in Q2 2021, including the BH Quality Incentive Program (BQIP) for outpatient behavioral health providers, and the Provider Quality Incentive Program (PQIP) for physical health providers.

WSCC Intervention: During Q2 2021, the Member Connections (MC) team phased out Collective Medical/(Emergency Department Information Exchange) EDIE for IET; using April as a drawdown for EDIE and a ramp-up for Interpreta, a HEDIS engine with nightly claims refresh. Overall, the team outreached to 237 members in Q1 using primarily EDIE but increased outreach in Q2 to 280 members primarily using Interpreta. Virtually every member in this outreach population should be in the final HEDIS denominator. Additionally, the team refined intervention efforts, one focus-criteria being those members who do not appear to be engaging with an outpatient provider for IET related issues.

PM #8 (1 point) – Follow-Up After Hospitalization for Mental Illness (FUH): 30 Day

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 30 days after discharge.

CY 2021 target is 50.22%.

BCBS Q1 45.80%; Q2 51.47%: Increase of 5.67 percentage points from Q1 to Q2.

PHP Q1 46.54%; Q2 51.76%: Increase of 5.22 percentage points from Q1 to Q2.

WSCC Q1 36.50%; Q2 47.67%: Increase of 11.17 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 45.09%; Q2 Total 51.16%: Increase of 6.07 percentage points from Q1 to Q2.

MCO Strategies and Interventions:

BCBS Intervention: In Q2 2021, there was a provider education webinar on depression that included FUH with regards to appropriate treatment and follow-up care. Primary care providers were specifically targeted for this webinar and CME/CEU credit was available to attendees. The Outpatient Incentive Program, the Reserved Appointments Initiative, and the Facility Incentive Program were continued in Q2 2021. Transition of Care (TOC) staff also continued to telephonically outreach members in Q2 2021.

PHP Intervention: A BH Provider Town Hall was held in Q2 2021. Main education topics included an overview of all BH HEDIS metrics (including FUH) and an introduction to Value Based Purchasing Programs. Providers were encouraged to enroll in VBP programs if they were eligible. There were forty (40) provider or provider groups in attendance at the Q2 2021 Provider Town Hall.

WSCC Intervention: The WSCC BH Services team worked toward a new 2-referrals per BH team-member per month goal set for June 2021, and as a result were able to more than double the number of Teambuilder assessments completed in May 2021. During June 2021, Teambuilders Behavioral Health of Santa Fe completed follow-up assessments for 80% of their referrals after inpatient discharge. After retooling in the first quarter of 2021 to help to automate aspects of program administration, the FUH Giftcard program has continued distribution of gift cards. Member feedback from team members' conversations with members indicates that the gift card is a motivating factor.

PM #9 (1 point) – Follow-Up After Emergency Department Visit for Mental Illness (FUM): 30 Day

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days of the ED visit.

CY 2021 target is 45.01%.

BCBS Q1 47.34%; Q2 55.79%: Increase of 8.45 percentage points from Q1 to Q2.

PHP Q1 62.79%; Q2 65.92%: Increase of 3.13 percentage points from Q1 to Q2.

WSCC Q1 30.38%; Q2 36.50%: Increase of 6.12 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 52.74%; Q2 Total 59.01%: Increase of 6.27 percentage points from Q1 to Q2.

**MCO Strategies and Interventions:**

**BCBS Intervention:** The following interventions have been implemented to improve the rates for this measure. A provider education webinar on depression that included FUM in the discussion of appropriate treatment and follow-up care occurred in Q2 2021. The webinar audience included primary care and behavioral health providers, and CME/CEU credit was given to attendees. Member outreach by Recovery Support Assistant (RSA) and Transition of Care (TOC) staff using the EDIE© system continued in Q2 2021. Care Coordination leadership continued to train staff on conducting member outreach.

**PHP Intervention:** Presbyterian Healthcare Services (PHS) Consult Liaison Services provide psychiatry services via telemedicine technology at identified EDs and Urgent Care-EDs within the PHS delivery system. Telemedicine psychiatry appointments are conducted on the same day that the member is in the ED, thus meeting FUM HEDIS technical specifications for follow-up care. Care Coordinators assigned to Members are notified that their member was seen in the ED and are tasked with follow-up activities to ensure continuity of care after their member discharges from the ED. In Q2 2021, PHP explored expanding the BQIP program to include FUM as an additional metric. Following multiple meetings with VBP leaders and the analytics organization, and the development of an initial proposal, the expansions were approved by PHP leadership in Q2 2021. These expansions will be operationalized and ready for implementation by Q1 2022.

WSCC Intervention: The WSCC team has a working contract in place with Teambuilders Behavioral Health of Santa Fe for rapid FUM follow-up assessments. The outreach team can refer a member directly to Teambuilders Behavioral Health of Santa Fe for a telephonic initial assessment. This telephonic visit will be an initial stage in transitioning a member toward more routine or community-based behavioral health treatment. WSCC's primary FUM 30-day follow up intervention is telephonic outreach to members with a recent ED visit through the Member Connections (MC) team.

PM #10 (1 point) – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The percentage of Members 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

CY 2021 target is 81.35%.

BCBS Q1 38.16%; Q2 59.08%: Increase of 20.92 percentage points from Q1 to Q2.

PHP Q1 41.78%; Q2 61.93%: Increase of 20.15 percentage points from Q1 to Q2.

WSCC Q1 35.74%; Q2 55.79%: Increase of 20.05 percentage points from Q1 to Q2.

MCO Aggregate: Q1 Total 39.86%; Q2 Total 60.28%: Increase of 20.42 percentage points from Q1 to Q2.

MCO Strategies and Interventions:

BCBS Intervention: Care Coordination has continued to outreach members to remind them to follow-up with their provider for a diabetes screening. A provider education webinar on comorbid physical and mental health conditions that will include the SSD measure is scheduled to take place in Q4 2021. Providers who attend will receive CME/CEU credit. Due to the likely impact that COVID-19 has had on member's willingness to follow up with their provider for diabetes screening, an intervention of mailing in-home diabetes test kits to members who agree to receive the test kits is scheduled to begin in Q3 2021.

PHP Intervention: The SSD metric within the Provider Quality Incentive Program (PQIP) Wellness program continued to operate in Q1 2021. In Q2 2021, PHP explored expanding the BQIP program to include SSD as an additional metric. Following multiple meetings

with VBP leaders and the analytics organization, and the development of an initial proposal, the expansions were approved by PHP leadership in Q2 2021. These expansions will be operationalized and ready for implementation by Q1 2022.

WSCC Intervention: WSCC expanded its prescriber/provider education campaign for antipsychotic medications in Q2. The team sent out an initial education letter to high volume antipsychotic prescribers in May 2021 that included a list of members who would benefit from the best practices highlighted in the letter. Many of these prescribers received a follow-up call from the Behavioral Health Medical Director for further discussion, including those who are performing above average to understand what practices they adopted that might be beneficial knowledge to others.

**Tracking Measures (TMs)**

HSD requires the MCOs to submit quarterly reports for the Tracking Measures (TMs) listed in the MCO contract effective January 1, 2020. HSD Quality Bureau reviews and analyzes the reports for completeness and accuracy and to gauge positive or negative outcome trends. The MCOs report interventions, strategies, and barriers that impact performance outcomes. HSD’s review findings are communicated to the MCOs through scheduled MCO-specific technical assistance (TA) calls and during the Quarterly Quality Meetings (QQMs). Numbers and rates reported are cumulative from quarter to quarter for all TMs except for TM #1, which is reported on a 12-month rolling period.

The following TMs show results for DY8 Q1 and Q2 reporting:

**TM #1-Fall Risk Management**

The percentage of Medicaid Members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received fall risk intervention from their current practitioner.

BCBS Q1 26.61%; Q2 25.49%: Decrease of 1.12 percentage points  
PHP Q1 23.53%; Q2 24.52%: Increase of 0.99 percentage points  
WSCC Q1 14.64%; Q2 15.77%: Increase of 1.13 percentage points  
MCO Aggregate: Q1 Total 23.64%; Q2 Total 23.95%: Increase of 0.31 percentage points

MCO Interventions:

BCBS Intervention: Care Coordinators involved in care management

assess fall risk in the home and attempt to intervene to reduce the risk.

PHP Intervention: Care Coordinators continue to conduct telephonic assessments of fall risk as COVID-19 continues to be a consideration and still has some impact on access patterns for in-home assessments.

WSCC Intervention: During Q2 2021, two interdepartmental falls prevention training and refresher trainings were completed with care coordinators, case managers, peer support workers, and concurrent review/Utilization Management staff.

*TM #2-Diabetes, Short-Term Complications Admissions Rate*

The number of hospital admissions with ICD-10-CM principal diagnosis codes for diabetes short-term complications for Medicaid enrollees age 18 and older.

Reported as a rate per 100,000 Member months.

BCBS Q1 16.72; Q2 21.45: Increase of 4.73

PHP Q1 13.17; Q2 15.31: Increase of 2.14

WSCC Q1 2.03; Q2 5.30: Increase of 3.27

MCO Aggregate: Q1 Total 13.22; Q2 Total 16.41: Increase of 3.19

MCO Interventions:

BCBS Intervention: Outreach to providers providing information on opportunities for improvement regarding prescribed diabetic medications through drug utilization review.

PHP Intervention: A mailing in Q2 2021 was sent to 5,800 members with diabetes who were most in need of care and follow-up calls were made to address questions on the mailing and to assist members in overcoming barriers to getting care.

WSCC Intervention: WSCC added provider-facing Provider Quality Liaison staff to meet regularly with Value-Based Payment contracted and non-Value-Based Payment groups for educational opportunities focused on closing gaps, including all diabetes measure gaps.

*TM #3-Screening for Clinical Depression and Follow-Up Plan*

The percentage of Medicaid Members age 18 and older screened for clinical depression using a standardized depression screening tool, and if positive a follow-up plan is documented on the date of the positive screen.

BCBS Q1 0.41%; Q2 0.77%: Increase of 0.36 percentage points  
PHP Q1 0.60%; Q2 1.10%: Increase of 0.50 percentage points  
WSCC Q1 0.53%; Q2 0.73%: Increase of 0.20 percentage points  
MCO Aggregate: Q1 Total 0.53%; Q2 Total 0.96%: Increase of 0.43 percentage points

MCO Interventions:

BCBS Intervention: Offered a provider webinar on appropriately screening for and treating depression in a primary care setting in Q2 2021. The webinar sought to educate primary care providers on screening for depression, appropriate referrals, treatment, follow-up care, and best practices. Providers who attended the webinar received continuing medical education/continuing education credit (CME/CEU).

PHP Intervention: The Provider Education Conference (PEC) was conducted for physical health providers and provider groups in Q2 2021. The PEC included a presentation on the importance of depression screening during routine office visits, especially in a post-COVID-19 environment in which symptoms might have escalated.

WSCC Intervention: WSCC rolled out a provider training that focuses on promoting BH screening and referral to services. The training highlighted tips on coding to achieve the per-assessment incentive.

TM #4-Follow-up after Hospitalization for Mental Illness (FUH)

The percent of seven-day follow-up visits into community-based Behavioral Health care for child and for adult Members released from inpatient psychiatric hospitalizations stays of four or more days.

BCBS Q1 42.96%; Q2 46.45%: Increase of 3.49 percentage points  
PHP Q1 35.83%; Q2 38.17%: Increase of 2.34 percentage points  
WSCC Q1 33.33%; Q2 40.84%: Increase of 7.51 percentage points  
MCO Aggregate: Q1 Total 37.94%; Q2 Total 41.48%: Increase of 3.54 percentage points

MCO Interventions:

BCBS Intervention: In Q2 2021, there was a provider education webinar on depression in primary care that discussed appropriate treatment and follow-up care. The targeted audience were primary care providers and CME/CEU credit was available to those who attended.

PHP Intervention: A BH Provider Town Hall was held in Q2 2021 with 40 provider or provider groups in attendance. Education topics including an overview of all BH HEDIS metrics (including FUH) and an introduction to Value Based Purchasing (VBP) Programs, in which eligible providers were encouraged to enroll.

WSCC Intervention: In Q2 2021 the FUH Giftcard Program continued distribution of gift cards, with 186 gift cards distributed.

TM #5-Immunizations for Adolescents

The percentage of adolescents thirteen years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and a cellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

Data below reports the combination rate.

BCBS Q1 60.07%; Q2 76.20%: Increase of 16.13 percentage points  
PHP Q1 70.74%; Q2 73.26%: Increase of 2.52 percentage points  
WSCC Q1 62.07%; Q2 68.36%: Increase of 6.29 percentage points  
MCO Aggregate: Q1 Total 66.50%; Q2 73.69%: Increase of 7.19 percentage points

MCO Interventions:

BCBS Intervention: Presented health education information on the importance of immunizations at the Member Advisory Board and the Native American Advisory Board meetings.

PHP Intervention: Working with Got Shots and providers to educate and encourage members on getting vaccinations.

WSCC Intervention: WSCC is collaborating with the NM Immunization Coalition and the other Centennial Care Managed Care Organizations on the statewide “Got Shots” event by reaching out to providers and encouraging member participation and donated 3,000 items to hand out to children who were vaccinated during the event.

TM #6-Long-Acting Reversible Contraceptive (LARC)

The contractor shall measure the use of LARCs among Members age 15-19. The contractor shall report LARC insertion/utilization data for this measure. Numbers reported are cumulative from quarter to quarter.

BCBS Q1 183; Q2 438

PHP Q1 350; Q2 697

WSSC Q1 77; Q2 112  
MCO Aggregate: Q1 Total 610; Q2 Total 1,247

TM #7-Smoking Cessation

The Contactor shall monitor the use of smoking cessation products and counseling utilization. Total number of unduplicated Members receiving smoking and tobacco cessation products/services. Numbers reported are cumulative from quarter to quarter.

BCBS Q1 1,201; Q2 2,139  
PHP Q1 1,886; Q2 3,547  
WSSC Q1 326; Q2 674  
MCO Aggregate: Q1 Total 3,413; Q2 Total 6,360

MCO Interventions:

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

PHP Intervention: A training program was completed to ensure that member-facing PHP employees know about the Clickotine app, have exposure to the tools, and have a point of contact for questions, concerns, and resource for members.

WSSC Intervention: WSSC has initiated a process to regularly outreach to members currently receiving Nicotine Reduction Therapy (NRT), as literature suggests multi-modal therapy results in the most positive outcomes for tobacco cessation.

TM #8-Ambulatory Care Outpatient Visits

Utilization of outpatient visits reported as a rate per 1,000 Member months.

BCBS Q1 64.14; Q2 147.03: Increase of 82.89  
PHP Q1 59.35; Q2 134.89: Increase of 75.54  
WSSC Q1 29.31; Q2 96.43: Increase of 67.12  
MCO Aggregate: Q1 Total 57.83; Q2 Total 135.06: Increase of 77.23

MCO Interventions:

BCBS Intervention: The Transition of Care team continues to provide education about the importance of primary care and assists with appointment scheduling and following up with patients to monitor and address barriers.

PHP Intervention: PHP is working with providers to ensure that members are obtaining the needed services at the correct level of care. PHP continues to do active outreach through letters, phone calls, and face-to-face meetings, encouraging members to not postpone preventative and emergency services but to work with their providers to maintain their health status.

WSCC Intervention: During Q2 2021, WSCC completed two (2) outreach campaigns to encourage well visits. In April 2021 nearly 16,000 adult members received an autodialer telephonic reminder to schedule an annual well visit. In June 2021, there was a campaign to reach out to parents of children aged 3 – 18 years without a well visit during the first 5 months of 2021.

TM #8 -Ambulatory Care ED Visits

Utilization of emergency department visits reported as a rate per 1,000 Member months.

BCBS Q1 7.24; Q2 16.88: Increase of 9.64

PHP Q1 6.73; Q2 15.90: Increase of 9.17

WSCC Q1 4.03; Q2 13.18: Increase of 9.15

MCO Aggregate: Q1 Total 6.62; Q2 Total 15.96: Increase of 9.34

MCO Interventions:

BCBS Intervention: The Transition of Care team has been working to decrease emergency department (ED) utilization by continuing to monitor member utilization of emergency visits.

PHP Intervention: PHP is working with providers to ensure that members are obtaining the needed services at the correct level of care. PHP continues to do active outreach through letters, phone calls, and face-to-face meetings, encouraging members to not postpone preventative and emergency services but to work with their providers to maintain their health status.

WSCC Intervention: The BH-focused Member Connections team outreaches to members who have four (4) or more ED visits in the last thirty (30) days or have had a mental health or substance-abuse ED event, in order to address care needs and Social Determinants of Health, such as housing and food assistance.

TM #9-Annual Dental Visits

The percentage of enrolled Members ages two (2) to twenty (20) years how had at least one (1) dental visit during the measurement year.

BCBS Q1 19.17%; Q2 37.46%: Increase of 18.29 percentage points  
PHP Q1 21.17%; Q2 38.79%: Increase of 17.62 percentage points  
WSCC Q1 9.23%; Q2 30.37%: Increase of 21.14 percentage points  
MCO Aggregate: Q1 Total 19.27%; Q2 Total 37.48%: Increase of 18.21 percentage points

MCO Interventions:

BCBS Intervention: Campaign Manager Program provided by Member Services, informed parent/guardians of current members ages 2-20 about the dental benefit and the importance of dental care. In Q2, 790 members accepted to listen to the dental campaign explaining the dental benefit encouraging a dental visit.

PHP Intervention: PHP continues to discuss the importance of Annual Dental Visits with every member-facing interaction including one to one discussion, telephone outreach, events, and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) mailings throughout the year.

WSCC Intervention: During Q2 2021 WSCC reviewed the new, NM Public Education Department annual dental visit requirement during provider engagement meetings, with special emphasis on Federally Qualified Health Centers (FQHCs) with dental services on-site.

TM #10-Controlling High Blood Pressure

The percentage of Members ages eighteen (18) to eighty-five (85) who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.

BCBS Q1 3.10%; Q2 7.20%: Improvement of 4.10 percentage points  
PHP Q1 8.77%; Q2 20.25%: Improvement of 11.48 percentage points  
WSCC Q1 0.83%; Q2 2.94%: Improvement of 2.11 percentage points  
MCO Aggregate: Q1 Total 6.27%; Q2 Total 14.52%: Improvement of 8.25 percentage points

BCBS Intervention: In April 2021 an article was published in the Blue Review Provider newsletter titled, *Health Care Quality: Blood*

*Pressure Control-Speaking Out About the 'Silent Killer'*. The article helps keep providers focused on the importance of screening for hypertension and managing high blood pressure.

PHP Intervention: PHP is supporting use of telehealth visits to document blood pressure control.

WSCC Intervention: WSCC has implemented a Medicare Continuity of Care Scorecard (pay for performance) with our providers, which includes TM#10, which has increased provider focus with the WSCC member population.

### **External Quality Review**

HSD conducts bi-weekly meetings with the External Quality Review Organization (EQRO) to review monthly projects, provide consistent feedback and communication, provide assistance and support, and to assess issues.

EQRO Reviews and Validations in Q2 of DY8 consisted of the following:

#### **CY18 EQR Reviews and Validations:**

2018 Compliance Review- Final draft report is under review by HSD leadership.

#### **CY19 EQR Reviews and Validations:**

2019 PM Validation- Final review and approval was conducted by HSD Leadership and was posted to the HSD website.

2019 Network Adequacy Validation- Initial 2019 Network Adequacy validation report draft submitted to HSD January 17, 2021, and is currently being reviewed by HSD Leadership, with addition of telehealth data.

2019 Compliance Review- Initial 2019 Compliance validation report draft submitted to HSD January 14, 2021. This is currently under review by HSD Leadership.

2021 Information Systems Capability Assessment (ISCA)- The ISCA was conducted in February 2021 for all MCOs and are currently under review by HSD Leadership.

In July of 2021 the EQRO conducted virtual onsite visits with the

	MCOs for the CY20 Compliance Review. The EQRO provided preliminary findings and allowed additional time for the MCOs to submit evidence and supporting documentation relevant to the review findings. On August 19 <sup>th</sup> , 2021 the EQRO conducted the closing review of findings with each of the MCOs, at which time the EQRO detailed the review findings and provided recommendations.
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**UTILIZATION**

Centennial Care 2.0 key utilization data and cost per unit data by programs. For this quarter the utilization data as reported by the MCOs is under further review. HSD is working with the MCOs to ensure that data reported is correct and meets all reporting requirements. An updated dashboard will be provided next quarter.

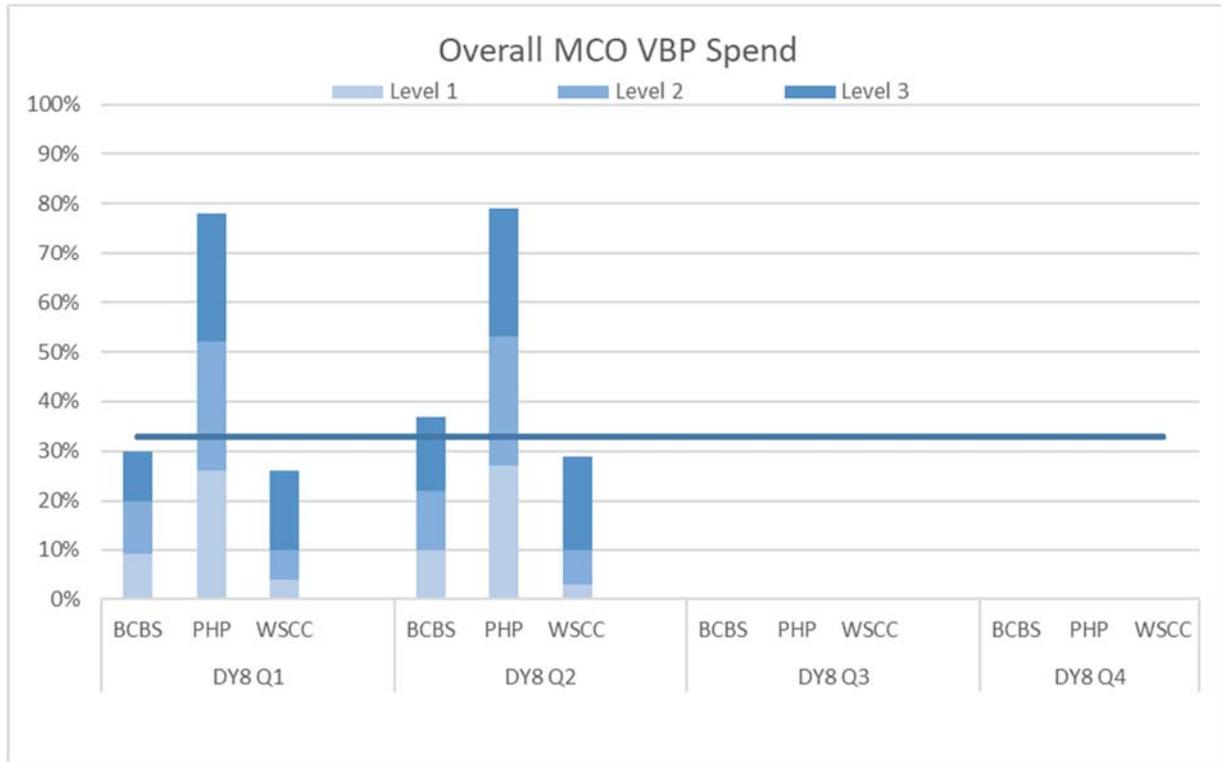
**VALUE BASED PURCHASING**

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. DY8 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required	11%	14%	8%
Required Provider Types	<ul style="list-style-type: none"> <li>• Traditional PH Providers with at least 2 small Providers.</li> <li>• BH Providers (whose primary services are BH).</li> <li>• Long-Term Care Providers including nursing facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional PH Providers with at least 2 small Providers.</li> <li>• BH Providers (whose primary services are BH).</li> <li>• Long-Term Care Providers including nursing facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional PH Providers.</li> <li>• BH Providers (whose primary services are BH).</li> <li>• Actively build Long-Term Care Providers including nursing facilities full-risk contracting model</li> </ul>

January 1, 2019 – December 31, 2023

For DY8 Q3, BCBS and PHP have met or exceeded the required VBP spend target of 33%. WSCC continues working on increasing their VBP agreements to reach the required targets.



Source: CY21 Q1 and Q2 MCO VBP Financial Reports

### LOW ACUITY NON-EMERGENT CARE (LANE)

As part of HSD's strategic goal to improve the value and range of services to members, HSD collaborates with the MCOs to reduce avoidable Emergency Room (ER) visits. HSD implemented rule changes in 2020 resulting in a provider rate increase for outpatient settings, including Evaluation & Management codes, dispensing fees to community-based pharmacies, Long-Term Services and Supports providers, and supportive housing benefits for people with Serious Mental Illness. There also were increases in payment rates to governmental and investor-owned hospitals, as well as hospitals serving a high share of Members who identify as Native American.

HSD includes requirements in its Centennial Care 2.0 Managed Care Organization Contract that MCOs monitor usage of emergency rooms by their members and evaluate whether lesser acute care treatment options were available at the time services were provided. This results in the MCOs identifying high ED-utilizer members by monitoring data such as diagnosis codes and ER visit encounters and taking proactive steps to refer them

to providers. The MCOs implement member engagement initiatives to assist in identifying member challenges through systemwide activities, including outreach by care coordinators, peer-support specialists (PSS), community health workers (CHWs), and community health representatives (CHRs) to decrease inappropriate ER utilization.

The Community Paramedicine Program is an additional outreach project supporting this effort. The program helps direct members to the right care, at the right time, and in the right setting for better health outcomes. The program is intended to reduce non-emergency medical calls, improve patient care and relieve rescue units for more life-threatening calls. The program targets members with chronic medical conditions such as diabetes and congestive heart failure who also may face social barriers to better health, including unstable housing or unreliable transportation. In rural communities where transportation may be difficult to obtain or distance is a barrier, especially for people who are elderly or homebound, community paramedics play an important role on a patient's care team because they can also deliver basic primary care services in the patient's home without requiring them to travel to a clinic. Community paramedicine services can ensure prompt care and identify health issues that need to be escalated to another provider. Community paramedics can also facilitate communication between the patient and their primary care provider.

Because access to primary care is a key factor in reducing nonemergent Emergency Department visits, HSD is also working with graduate medical education (GME) programs to establish and/or expand existing programming, specifically in the primary care specialties of Family Medicine, General Internal Medicine, General Psychiatry, and General Pediatrics. A GME expansion 5-year strategic plan released by HSD in January 2020 estimates that 46 new primary care residents will graduate in New Mexico each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60% within the next five years.

The Transition of Care team at BCBS has been working to decrease emergency department (ED) utilization by continuing to monitor member utilization of emergency visits.

PHP is working with providers to ensure that members are obtaining the needed services at the correct level of care. PHP continues to do active outreach through letters, phone calls, and face-to-face meetings, encouraging members to not postpone preventative and emergency services but to work with their providers to maintain their health status.

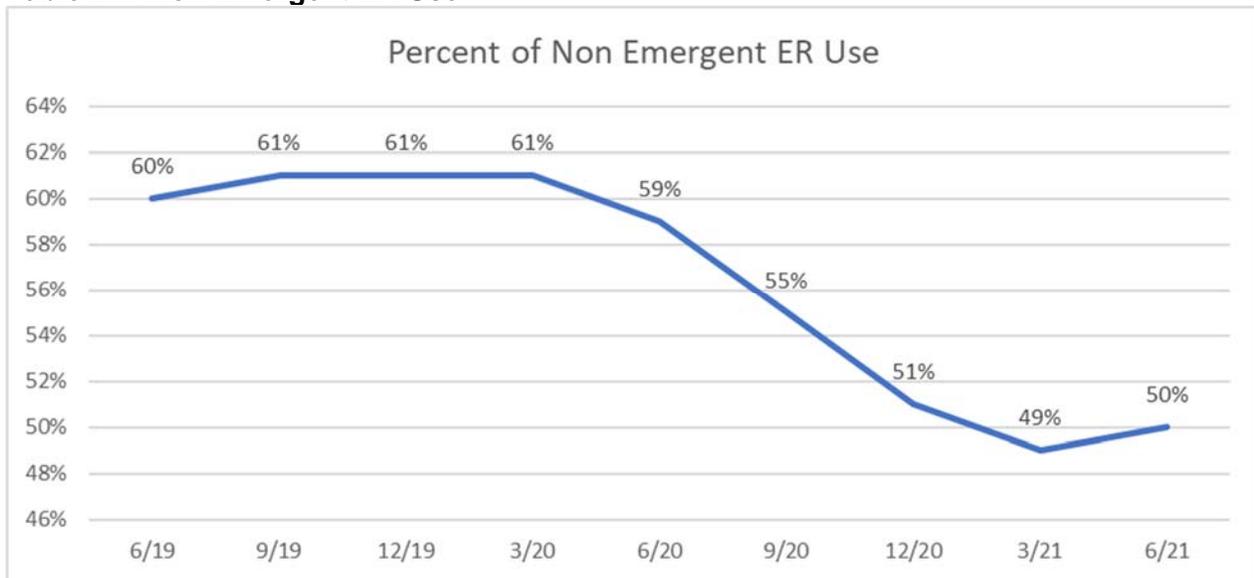
The BH-focused Member Connections team at WSCC outreaches to members who have 4 or more ED visits in the last 30 days or have had a mental health or substance-abuse

ED event, in order to address care needs and Social Determinants of Health, such as housing and food assistance.

As a result of the MCO strategies and interventions implemented in 2020, which focused on reducing ED visits for non-emergent care, the percentage of emergency utilization that are considered low acuity significantly improved from DY7 Q4 to DY8 Q2. In comparing visits from June of 2020 with 59% visits to June of 2021 with 50% of emergency visits being low acuity, the percentage of visits to the emergency department for non-emergent care decreased by nine (9) percentage points. The trend for this measure declined by one (1) percentage point in DY8 Q2.

The graph below reflects the percentage of members using the ER for non-emergent care between June of 2019 and June of 2021. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership. The data for DY8 Q3 will be received October 25, 2021.

**Table 21: Non-Emergent ER Use**



Source: Mercer- Non-Emergent Emergency Room Utilization Report

# 14

## MANAGED CARE REPORTING REQUIREMENTS

### **GEOGRAPHIC ACCESS**

Geographic access performance standards remain the same in DY8 with the requirement that at least 90% of members having access to certain provider types in urban, rural, and frontier geographic areas within a defined distance. Geographical Access is collected and validated on a quarterly basis therefore this section is reflective of April 1, 2021 to June 30th, 2021.

### ***Physical Health and Hospitals***

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

- MCOs performance in access to general hospitals, PCPs, pharmacies, and most specialties in urban, rural and frontier areas were met.
- Geographic access for dermatology, endocrinology, rheumatology, and urology services as well as access to neurosurgeons were and are anticipated to be limited due to provider shortages in rural and frontier areas, however, access has maintained. MCOs closely monitor these services and employ ongoing efforts to ensure member access such as targeted recruitments, referral training, provider enrollment training, and value-based contract arrangements.

**Table 27: Physical Health Geographical Access**

Geo Access PH Q2 Calendar Year 2021 (April 1- June, 30 2021)									
PH - Standard 1	Urban			Rural			Frontier		
	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
Pharmacies	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	98.5%	100.0%
FQHC - PCP Only	100.0%	100.0%	100.0%	90.9%	93.5%	99.3%	96.9%	95.0%	98.9%
<b>PH - Standard 2</b>									
Cardiology	99.2%	99.1%	99.0%	99.7%	100.0%	100.0%	99.8%	99.9%	99.7%
Certified Nurse Practitioner	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Certified Midwives	99.1%	98.9%	94.2%	100.0%	94.1%	93.5%	99.8%	98.6%	98.1%
Dermatology	99.1%	98.9%	98.9%	66.4%	80.7%	87.3%	81.1%	95.9%	97.9%
Dental	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinology	99.1%	98.8%	98.8%	61.4%	78.6%	87.3%	84.4%	88.8%	92.8%
ENT	99.1%	98.8%	98.8%	91.6%	87.8%	100.0%	95.3%	88.4%	97.3%
FQHC	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/Oncology	99.1%	98.9%	98.6%	99.5%	95.2%	98.2%	99.3%	98.0%	88.9%
Neurology	99.1%	98.8%	98.9%	99.2%	92.7%	92.1%	95.6%	91.0%	94.5%
Neurosurgeons	99.1%	83.4%	98.8%	36.2%	74.9%	41.3%	67.3%	87.1%	81.0%
OB/Gyn	99.4%	98.9%	98.9%	99.6%	99.7%	99.9%	99.7%	99.8%	99.7%
Orthopedics	99.1%	98.9%	98.8%	99.6%	100.0%	100.0%	96.4%	98.6%	99.7%
Pediatrics	100.0%	98.9%	98.9%	99.7%	100.0%	99.9%	99.8%	98.7%	100.0%
Physician Assistant	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%
Podiatry	99.2%	99.0%	99.0%	99.6%	99.8%	94.0%	96.5%	99.9%	100.0%
Rheumatology	87.9%	98.8%	82.9%	89.0%	83.4%	70.7%	88.3%	85.4%	73.5%
Surgeons	99.4%	98.9%	99.0%	99.9%	100.0%	100.0%	99.8%	99.9%	99.7%
Urology	99.1%	98.8%	98.8%	78.2%	87.0%	80.6%	89.1%	93.1%	91.2%
<b>LTC - Standard 2</b>									
Personal Care Service Agencies	100.0%	100.0%	100.0%	100.0%	99.7%	99.8%	100.0%	100.0%	100.0%
Nursing Facilities	99.5%	93.0%	99.3%	99.7%	97.2%	99.7%	99.8%	99.9%	99.7%
General Hospitals	99.2%	98.9%	99.0%	99.6%	99.3%	99.9%	99.8%	99.9%	99.7%
Transportation	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: MCO Report #55 GeoAccess CY21 Q2

## ***Transportation***

Non-emergency medical transportation is a means for MCO to ensure members have timely access to needed services particularly for specialty services and provider shortage areas.

Grievances: Consistent with previous reporting Non-Emergency Medical Transportation (NEMT) grievances is the leading category of grievances in the reporting period. Please see Complaints and Grievances for additional information. The MCOs are monitoring accessible transportation options as a barrier to member access with its transportation vendor and exploring new options, other transportation options that NMPRC may be open to regulate (research in progress) including tribal partnerships and ride shares, such as: Uber, Lyft.

Initiatives: New Mexico has submitted a State Plan Amendment for approval by CMS to administer COVID-19 vaccines to homebound eligible Medicaid beneficiaries from March 15, 2021 through end of the PHE. During this quarter the MCOs have begun to administer the vaccination process of the homebound population. Detailed information will be provided in future quarters.

## ***Customer Service Reporting***

BCBS met all Call Center Metrics during DY8 Q3 with the exception of the Nurse Advice Line: the percentage of calls in August that were answered within 30 seconds was 84.6%, which is just below the standard 85%. BCBS attributes the deficiency to an Enterprise-wide platform upgrade across all lines of business for Care Nurse Advice Lines. Carenet has several steps in place to assist in covering the gaps in coverage while actively working to recruit additional nurses. Care Coordinators are continuing to be cross trained to fill gaps. Nurse Advice Line for the month of August did not experience any attrition for the month and has a total staff of 105. Key Performance Indicator (KPI) are forecasted to align for September moving forward. Bilingual staff speak Spanish primarily and the language line is available for members who need translator support in other languages or when a Spanish-speaking RN is not available. HSD has requested that BCBS provide an action plan and will continue to monitor. See attachment B - 2021 Call Center Metrics.

PHP met all Call Center metrics during DY8 Q3.

After three months in DY8 for which metrics were not met, WSCC continues to closely monitor staffing and call volume in order to meet all Call Center metrics. All Call Center metrics were met during DY8Q3 in July and August. The September Call Center data will be reviewed, and the results provided in the annual report.

**Telemedicine Delivery System Improvement Performance Target (DSIPT)**

The MCOs shall use the end of CY20 as the baseline for CY21, increasing the number of unique members served with a telemedicine visit by twenty percent for both physical health and behavioral health specialists, focusing on improving telemedicine availability and utilization along with expanding member education and provider support.

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

All 3 MCOs met the minimum of five percent of total membership with telemedicine visits for CY20. Telemedicine utilization has increased in all areas from July 1, 2021, to October 31st, 2021 and is playing a vital role in providing health care services statewide.

**Table 28: Unduplicated Members Served with Telemedicine**

Total Unduplicated Members Served with Telemedicine	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
<b>New Behavioral Health Members</b>	<b>47,195</b>	<b>10,172</b>	<b>8,582</b>	
BCBSNM	19,243	3929	3041	
PHP	22,847	4660	4575	
WSCC	5,105	1583	966	
<b>New Physical Health Members</b>	<b>44,814</b>	<b>14,203</b>	<b>22,431</b>	
BCBSNM	33,813	10422	7466	
PHP	5,954	1714	13405	
WSCC	5,047	2067	1560	
<b>Total New Unduplicated Members</b>	<b>83,342</b>	<b>20,603</b>	<b>25,648</b>	
BCBSNM	46,715	11822	8664	
PHP	27,321	5702	14849	
WSCC	9,306	3079	2135	
<b>YTD* Unduplicated Members</b>	<b>124,907</b>	<b>163,306</b>	<b>188,954</b>	
BCBSNM	46,951	61,121	69,785	
PHP	68,630	89,744	104,593	
WSCC	9,326	12,441	14,576	

Source: Telemedicine Delivery System Improvement Performance Target (DSIPT) \* July - September 2021

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## DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
DY8 Q3	<p>The New Mexico Human Services Department (HSD) and Health Services Advisory Group, Inc. (HSAG) continued to work together to collect Medicaid Management Information System (MMIS), Consumer Assessment Healthcare Providers and Systems (CAHPS), and managed care organization (MCO) data. HSD and HSAG determined the required reporting and documentation for the budget neutrality/cost-effectiveness analyses of the evaluation. HSAG continued performing data validation and gap analysis on all data extracts. In addition, HSAG has begun developing SAS®<sup>1</sup> programming code for the performance measure calculations, as well as developing a cost-effectiveness and budget neutrality analytic plan.</p> <p>HSD developed tools to be utilized in order to map timely delivery and review of the Interim Report due to CMS by December 31<sup>st</sup>, 2022. These tools provide HSD with a clear timeline and due dates for assigned reviewers to ensure the report is submitted in accordance with the STCs.</p>

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## ENCLOSURES/ATTACHMENTS

Attachment A: Budget Neutrality Monitoring Spreadsheet

Attachment B: Customer Service

# 17

## STATE CONTACTS

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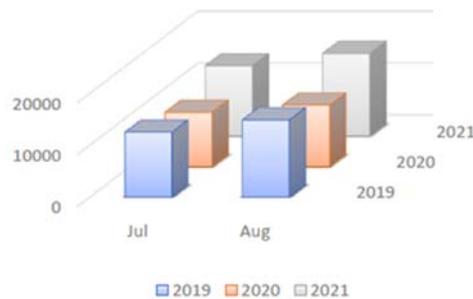
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## ADDITIONAL COMMENTS

### MCO INITIATIVES

#### **BCBS: GotShots! Campaign and Healthify**

BCBS collaborates with New Mexico Immunization Coalition each year for its “GotShots!” Campaign. This campaign is aimed at ages 1 month to 21 years with the intent to ensure school children receive immunization prior to the beginning of the school year. The number of vaccinations given this year were higher than the two preceding years. This year BCBS Quality Improvement Department (NMQID) supported this campaign by working with participating providers affecting 5,879 members. Gap lists were offered to all participating providers. A total of 9 gap lists were provided to as many providers. NMQID outreached a total of 177 members without a participating provider and facilitated 68 appointments. A total of 13,222 unique antigen doses were given during the got “GotShots!” campaign.



Total Unique antigen given during “GotShots!” Campaign.

BCBS Health Care Management recently partnered with Healthify. This program offers a tool that supports Care Coordinators with finding and sending SDoH (social determinates of health) resources to our members. Care Coordinators can incorporate Healthify as part of their member care management process. Training was conducted for all Care Coordinators on the use of the Healthify platform and it will also be incorporated into their new hire trainings.

#### **PHP: Population Health Management-Wellness and Health Education**

Enhancements in July through September included the deployment of the Diabetes Prevention Program (DPP) communication campaign, including but not limited to new occurrences and forums for member and provider outreach, and provider education. The communication campaign leveraged a multimodal approach to deliver information about DPP and how members and providers can engage in the program. The communication campaign distributed DPP information to 2,161 members, distributed 11 provider packets, and offered provider education to 404 providers. As a result, PHP continues to experience

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favorable outcomes, including continued DPP participation and enrollment through direct member sign-up and provider referrals, averaging 32 enrollments for the quarter. The DPP also continues to experience increased engagement and retention because of targeted outreach efforts.

### **WSCC: SSD Outreach**

Members who are prescribed antipsychotics are at an increased risk of developing diabetes. This program identifies the top 25 highest volume antipsychotic medication prescribers. There are several tiers of intervention. First, prescribers who have multiple members on antipsychotics are stratified to determine how many members have not had a glucose or lipid test this year. These providers received educational letters from WSCC's Behavioral Health Medical Director on best practice regarding antipsychotics as well as a list of members who could benefit from these best practices. The Medical Director followed up with phone calls ---in some cases to discuss how to replicate exceptional performance. A second tier of intervention is for providers who may not regularly prescribe antipsychotics and for the members' primary care providers who are not the prescriber of the antipsychotic medication. For this tier, WSCC provides an educational flyer that outlines the best practices of prescribing antipsychotics. Prescribers will get a laminated copy for the clinic, while primary care providers will receive an electronic or paper copy. Success will be measured by the number of the members on the targeted outreach list that obtain testing. WSCC will also monitor the length of time between outreach to the prescriber and the member's test. This program was initiated in Quarter 2 of 2021 and will be completed by the end of DY8. WSCC will evaluate the results to further refine its best practices.

### **MEMBER SUCCESS STORIES**

A 26-year-old BCBS Member from Rio Rancho, with a history of multiple hospital readmissions between April 2020 -July 2021 for hypoxia, trach occlusions, sepsis, and has a post brain injury due to a stroke and was previously admitted in a Long-Term Care facility (LTCF). Member was noted to have an increase in recent hospital admissions after being transferred to long-term care. The case manager at the LTCF informed Care Coordination (CC) that Member would require long-term facility care due to his extensive care needs and therefore would not be able to be cared for in a home setting. During last LTCF stay, CC discussed member's care needs with his mother. The mother expressed a willingness to care for her son at home with the understanding that needed equipment and training would be provided to her. CC spoke to case manager with information of mother's willingness to care for her son at home. CC completed a Comprehensive Needs Assessment (CNA) and informed member's mother that upon approval, community benefits including Personal Care Services (PCS) and respite care could be provided. CC coordinated with hospital staff to ensure training was provided, equipment was ordered and delivered to mother's home prior to discharge. Member was successfully discharged home on August 3, 2021, with equipment completely set up in the home. Mother stated she is doing well with the skilled portion of her son's care as she was adequately trained

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on trach care and suctioning. Member is now receiving PCS and respite services in the home. CC also assisted family in arranging for non-emergency skilled transportation for follow-up appointments. CC maintains contact with family to ensure appropriate services are being provided. With CC support and community services in place, Member has not been re-hospitalized since last facility discharge.

After multiple hospitalizations for aggressive behaviors in the last year and a half, a Presbyterian Health Plan (PHP) member successfully moved into a permanent group home over the weekend. Multiple teams came together to successfully transition the member from his family's home to a permanent housing placement. The Behavior Health (BH) Care Coordination and Developmental Disabilities (DD) waiver teams were able to work together to provide placement and appropriate training for staff regarding this member's specialized needs. During the transition period, the member attended Equine therapy at Challenge NM and thrived in a temporary placement pending his move to his more permanent move at Community Options group home. The member's mother was so excited about Equine Therapy, and the member's response to his treatment, that two weeks ago she sent a picture of the member riding a horse with a helmet on to his treatment team.

Over the past few months, while working with his multidisciplinary team, the member has had no incidences and his family is extremely grateful for all the time and effort that the teams spent ensuring the member is safe and is receiving the care and services he needs. The member now has a room at his group home and was able to bring in his very large LEGO collection, which comforts him in his new surroundings.

A Western Sky Community Care (WSCC), was enrolled in the Smart Start for Your Baby Program (SSFB). The member is of advanced maternal age, and this is her fourth pregnancy. Member's Care Coordinator (CC) assisted her in establishing care with an OB provider. During the 20th week of her pregnancy, she was diagnosed with placenta accrete, a serious condition. The member lives in the southern part of NM and was referred to a Perinatal Specialist in Albuquerque. The CC assisted the member with transportation and lodging. The baby was born premature with multiple complications and required admission to the newborn intensive care unit (NICU). The baby's condition improved. The mother continues under the care of her OB provider and infant will be established with a pediatrician. Member will complete the SSFB program upon completion of her post-partum assessment.

## **MCO COVID-19 RELIEF EFFORTS**

### **BCBS: COVID-19 Relief Efforts**

#### Data Analysis

Weekly report is shared with the Human Service Department (HSD) and the Department of Health (DOH) to review the BCBS Vaccine Status report. As of September 30, 2021, BCBS has identified and share the following data.

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- Eligible Members: 201,269
- Eligible Members Vaccinated 1st Dose (Moderna or Pfizer): 82,814
- Eligible Members Vaccinated 2nd Dose (Moderna or Pfizer) or 1 dose Johnson & Johnson (Janssen): 80,236

### Outreach

Care Coordination (CC) continues to follow the current process in place:

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

### Provider Outreach Campaign

BCBS has been working collaboratively with the other Managed Care Organizations (MCO) on Primary Care Provider (PCP) outreach to those with their largest patient panels to see if there are any barriers to administering and/or billing the vaccine. BCBS identified that most PCP offices are experiencing member/patient refusal, burnout, and administrative barriers. No PCP clinics reported issues with billing or billing related concerns.

### Customer Service

- Customer service representatives help members register.
- Using member advisory boards to educate people and help them register

### Collaboration and Events

New Mexico Department of Health (DOH)

- BCBS works closely with DOH on identifying and working with Local EMS to get their homebound members vaccinated.
- Weekly meetings are held to discuss vaccine status
- Weekly reports are received by DOH to help confirm or identify which members have been vaccinated or who are pending second, full vaccination.

Other Managed Care Organizations (MCO) and Local Entities:

- The MCO's are working collaboratively on events and their events calendars which are shared with HSD, DOH, and many other entities to include the following: Presbyterian Health Plan, Western Sky Community Care, Dental Association, NMAA – New Mexico Activities Association, NMPCA - New Mexico Primary Care

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Association, NMNPC - New Mexico Nurse Practitioner Council, NMAFP – New Mexico Academy of Family Physicians, NMPS – New Mexico Pediatric Society, NMACP – New Mexico American College of Physicians, NMMS – New Mexico Medical Society, ALTSD – Aging and Long-Term Services Division, and PED – Public Education Dept.

### Grants

- \$20K COVID relief grant to Catholic Charities Gallup
- \$5K to Christopher Productions to help fund their Vaccination from the Misinformation Virus Education Campaign

### Donations

- BCBS donated 100 draw-string bags to the Crownpoint Health Care Facility COVID-19 Vaccine Drive-Through and Back-to-School Supply Event for 12-17 years old.
- BCBS donated 100 totes, 100 band aids & Centennial Care information to the Taos-Picuris Health Clinic 12-16 Vaccination Clinic.
- BCBS donated 800 totes, tissue, coloring books and Blue Bear placemats to the Espanola & Rio Rancho McDonalds Community Covid-19 Vaccination Health Fair and Resource event.
- BCBS donated 100 lip balm, draw-string bags, coloring books and Centennial Care information to the Crownpoint Health Care Facility COVID-19 Vaccine Drive-Through and Back-to-School Supply Event for 12-17 years old.
- BCBS donated 100 totes, coloring books and lip balm to Atrisco Heritage Community Resource Fair & COVID-19 vaccination fair.
- BCBS donated 100 lip balm, tote bags, coloring books and Covid information to Counselor Chapter House COVID-19 Vaccine Drive-Through and Back-to-School Supply Event.
- BCBS donated 500 grocery tote bags and a \$250 sponsorship to the Chavez County Health Hybrid Expo.
- BCBS donated 100 lip balm, tote bags, coloring books and Centennial Care information to the Mexican Mobile Consulate & NM DOH COVID-19 Vaccine Event in San Juan County.
- BCBS donated 100 tote bags, coloring books and lip balm to the Vista del Sol, Enlace Comunitario & NM DOH Health Day event.
- BCBS donated 100 Blue Bear fliers, tote bags, coloring books, Blue Bear placemats and Centennial Care information at the Familia Dental Tooth Fairy Box Event.
- BCBS donated 100 draw string bags, 100 pens, and Centennial Care information at the Torreon Chapter Celebrate Summer with our Community Health Education Series / COVID-19 Vaccine Event.
- BCBS donated 50 tote bags and lip balm to the Pine Hill Health Center COVID-19 Vaccine event for 12-17-year-old.
- BCBS donated 200 totes, tissue & lip balm to the Raton 31st Annual Family Health

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Fair 2021.

- BCBS donated 15 cases of water, 200 Blue Bear fliers and coloring books to Carlos Rey Elementary School.

### Events

- *Community COVID-19 Vaccination Health Fair & Resources Events*  
Partnered with Walgreens to provide COVID-19 Vaccinations. These three clinics resulted in a total of 85 COVID-19 Vaccinations, 21 of which were for children. Each of these events had roughly 15-200 people attend.
- *Chaves County Health Hybrid Expo*  
BCBS Care Van® program partnered with La Casa Family Health Center to provide COVID-19 vaccines to the Roswell community. A total of 17 vaccinations, 3 childhood vaccinations, 10 children and 4 adults received a COVID-19 vaccine at the event, and more than 200 people visited the Care Van for information and health education.
- *Doña Ana Community College teams up with Blue Cross and Blue Shield of New Mexico for Covid-19 Vaccination Event*  
The Care Van did not provide vaccines however, provided a total of 136 diabetes and vision screenings.
- *Employee Flu Clinic at Service Center Location*  
BCBS Service Center and partnered with Walgreens to provide 5 COVID-19 Vaccinations and 57 Flu Shots.
- *NMDOH COVID Vaccine Event*  
Partnered with NM DOH in Belen to provide 331 COVID-19 Vaccinations to 94 children and 237 adults. More than 150 people visited the Care Van for information and health education.
- *Sierra County Recovery Night*  
The BCBS Care Van® program partnered with NMDOH to provide COVID-19 vaccines and Narcan training to the T or C community. One adult received a COVID-19 vaccine eight people received Narcan training. More than 100 people visited the Care Van for information and health education.
- *OASIS Fall Prevention Week*  
BCBS Care Van® program partnered with OASIS of Albuquerque and Walgreens to provide flu shots and COVID-19 vaccines to the older adult population. A total of six adults received a COVID-19 vaccine and 36 received their annual flu vaccine.
- *NMDOH COVID Vaccine Event*  
BCBS Care Van® program partnered with NMDOH in Belen to provide COVID-19 vaccines to five youth and 27 adults. More than 60 people visited the Care Van for information and health education.

Supported the following COVID-19 Vaccination Events across the state and in tribal communities

- Crownpoint Health Care Facility COVID-19 Vaccine Drive-Through and Back-to-School Supply Event for 12-17 years old.

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- Taos-Picuris Health Clinic 12-16 Vaccination Clinic.
- Crownpoint Health Care Facility COVID-19 Vaccine Drive-Through and Back-to-School Supply Event for 12-17 years old.
- Atrisco Heritage Community Resource Fair & COVID-19 vaccination fair.
- Counselor Chapter House COVID-19 Vaccine Drive-Through and Back-to-School Supply Event.
- Chavez County Health Hybrid Expo.
- Mexican Mobile Consulate & NM DOH COVID-19 Vaccine Event in San Juan County.
- Vista del Sol, Enlace Comunitario & NM DOH Health Day event.
- o Familia Dental Tooth Fairy Box Event.
- o Torreon Chapter Celebrate Summer with our Community Health Education Series and COVID-19 Vaccine Event.
- o Pine Hill Health Center COVID-19 Vaccine event for 12-17-year-old.
- o Raton 31st Annual Family Health Fair 2021.

**PHP: COVID-19 Relief Efforts with Member Data**

Partnership with Albuquerque Ambulance for Homebound Members

- Presbyterian Health Plan (PHP) partnered with Albuquerque Ambulance to administer 376 in-home COVID-19 vaccines to members identified as homebound.

Member Outreach and Collaboration with DOH

- Conducted outreach calls to members identified as homebound to determine vaccination status and offer assistance with COVID-19 vaccine registration via the Department of Health portal. There were a total of 120 homebound members assisted with DOH registration. PHP continues to monitor this population weekly for vaccine status and provides updates to HSD.

Member Support

- Presbyterian identified 463 members who are immunocompromised and conducted outreach to ensure these members were aware of the new guidance concerning COVID-19 vaccines for individuals who are immunocompromised.
- Presbyterian continues to offer the 14-day Meals on Wheels delivery program for COVID-19 positive members with food insecurity. PHP has coordinated 9,520 meals for members with food insecurity who required support following a COVID-19 diagnosis.

Multi-agency & Business Collaborations

- Presbyterian continues to participate in ongoing weekly collaboration with DOH, HSD, other Medicaid MCO's and numerous other entities to coordinate COVID-19 initiatives. Heat maps are updated weekly to ensure we are able to track areas of need. Heat maps have been updated to include new age groups as CDC guidance is updated. Strategies adapt as needed to align with new guidance

concerning COVID-19 vaccines. Collaborative efforts include COVID-19 vaccine events, communication with providers concerning initiatives and ongoing alignment of efforts to maximize outcomes.

#### Provider Partnerships

- Presbyterian provides monthly lists to primary care providers to ensure they are aware of the vaccine status of their patients.
- Presbyterian's Member Services team has engaged in outbound call campaigns and has assisted in scheduling vaccinations for members who's PCP is part of our affiliated medical group.

#### Education & Events

- Presbyterian has created educational material to promote vaccination that were disseminated to members statewide including a "myth-busters" mailer designed to dispel myths concerning the COVID-19 vaccine. Presbyterian also created an information sheet addressing COVID-19 vaccines for pregnant and breastfeeding mothers.
- Presbyterian's Center for Community Health has organized and staffed a series of community vaccination events, including rural communities and in partnership with schools, churches and faith-based organizations, higher education entities and influencer groups.

#### **WSCC: COVID-19 Relief Efforts**

- 1, 2, 3 Eyes on Me – WSCC Community Relations partnered with New Mexico Appleseed to design a pilot program aimed at addressing community members facing access to care barriers through the Public Health Emergency. The program hosts events throughout the State in partnership with community schools, Federally Qualified Health Centers, Department of Health and community-based organizations providing direct needs resources and COVID-19 vaccination registration assistance.
- University of New Mexico Hospital (UNMH) – WSCC Community Relations team collaborated with UNMH to support the UNM Pit POD, donating water, hand sanitizers and restaurant gift cards to volunteers, as a retention and thank you tactic. In addition, WSCC Marketing has designed a marketing campaign to help support volunteer recruitment.
- Department of Health (DOH) – WSCC Community Relations team is supporting DOH POD sites throughout the State with volunteers, water donations and vaccination registration information. Additionally, WSCC is helping execute community surveying to support the COVID -19 Vaccination Equity Plan and address health disparities affecting vaccination.
- City of Albuquerque, Senior Affairs – WSCC Community Relations has partnered with the CABQ Senior Affairs Department to develop co-branded educational material informing seniors on important topics around the vaccine, providing vaccination location resources, and myth busters reminders. WSCC has also

facilitated the access to hand sanitizers and masks by committing to donate 300 sanitizers and vaccinations card holders.

- New Mexico United - WSCC Community Relations has partnered with New Mexico United to host vaccination events at home games during the tailgate session and prior to kickoff. NM United has agreed to provide tickets to future home games to individuals who receive their vaccine. To date NM United events have accounted for 306 vaccinations.
- Department of Health (DOH) & FUMU – WSCC Community Relations has partnered with DOH and Kellogg to address food insecurity in rural New Mexico, by distributing 11,000 grocery bags in conjunction with COVID-19 vaccinations in the communities of Albuquerque, Taos, Questa and Peñasco. The groceries serve as an incentive for the second vaccination.
- Shoes for Second Shot – WSCC Community Relations is partnering with First Choice Community Center and Ben Archer to provide shoes for school aged children, when they are eligible for vaccination, in exchange for receiving their second vaccination. WSCC has identified that incentive programs increase the likelihood of successful childhood vaccinations.
- Frontline Workers Program – WSCC Community Relations has partnered with local restaurants, grocery stores and breweries to connect frontline workers with local community resources and providers to register for or receive COVID-19 vaccinations.
- NMAA Athlete Vaccinations- Western Sky is the Health Care Partner for the New Mexico Activities Association. As high school sporting events opened up in 2021, WSCC provided four (4) hand sanitizing stations to be used at all NMAA championship events for the athletes, as well as the public. WSCC is also preparing for vaccination events for students in partnership with DOH and NMAA at upcoming sports events.
- Pro Football Hall of Fame Partnership \_As part of WSCC's commitment to stopping the spread of Covid-19 we partnered with Former Dallas Cowboy Drew Pearson of the Pro Football Hall of Fame to encourage people to get vaccinated through a PSA campaign designed to increase education and awareness around COVID-19 vaccines
- Western Sky Community Care partnered with Lynn Middle School, Booker T Washington Elementary School, MacArthur Elementary School, Amador Health Center, Families and Youth Inc., NM Appleseed, and other partners to help setup COVID vaccination drive through sites and deliver additional resources to the community.
- Western Sky Community Care is working with Department of Health to raise awareness of the Vax 2 the Max Sweepstakes. Western Sky Community Care will be printing and distributing flyers at any and all COVID vaccination sites we setup or partner with.
- Western Sky Community Care focused in generating Back to School events throughout NM to ensure students are setup for success for the 2021-2022 school year, our major partners will be the City of Albuquerque Family & Community

Services Department, La Casa Family Health Center in the SE area of the state, Las Cruces Community Schools, Taos Public Schools and others. At these events Western Sky Community Care facilitated COVID vaccination sites at select cities.

- Western Sky Community Care worked with La Casa Family Health Center to setup students for success for the 2021- 2022 school year in Roswell, Clovis, and Portales. At this event we will also be working to incorporate COVID vaccines.
- WSSC Marketing has partnered with Comcast to run a series of PSA's encouraging New Mexicans to get vaccinated.
- Western Sky's Tribal Warm Line is staffed with Tribal Relations staff who educate members to register with NM DOH or Indian Health Service to receive vaccination. All member direct calls and other member outreach are conducted by Western Sky's Tribal Relations Department to also include a reminder to sign-up for the COVID vaccine. Tribal Liaison aided several members in signing up for the COVID-19 vaccine on the website.
- Western Sky's Tribal Relations Department partnered up with the Office of Dine Youth and New Mexico Lions Club providing over 500 backpacks filled with school supplies provided to students. Forty students were screened for vision, twenty-five received haircuts, twenty-two community members received COVID-19 vaccination, and twenty-two adolescents received immunization shots.
- Tribal Liaison participated with Mescalero's "Knock Out COVID" drive-thru event hosted by Mescalero's Community Health Representative providing information on Western Sky's benefit and services during their mass drive-thru vaccination event.
- Division of Public Health - Western Sky's Tribal Relations Department sponsored their Summer Community Health Education Series events in Torreon, Counselor, and Crownpoint providing backpacks to participate who have received vaccination event providing over 150 backpacks filled with supplies.