CENTENNIAL CARE 2.0 DEMONSTRATION

Section

1115 Demonstration Quarterly Report
Demonstration Year: 8 (1/1/2021 – 12/31/2021)
Annual Report 2021

March 31, 2022

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INTRODUCTION

On December 14, 2018, the Centers for Medicare & Medicaid Services (CMS) approved Centennial Care 2.0, New Mexico's 1115 demonstration waiver, the next iteration of Centennial Care. Centennial Care 2.0, effective January 1, 2019 through December 31, 2023, features an integrated, comprehensive Medicaid delivery system in which a member's Managed Care Organization (MCO) is responsible for coordinating his/her full array of services, including acute care, pharmacy, behavioral health services, institutional services and home and community-based services (HCBS).

In Centennial Care 2.0, the state 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 to CMS on July 31, 2019	Approved by CMS on July 21, 2020
1115 Demonstration Amendment #2	Submitted to CMS on March 1, 2021	Completeness Letter Received on March 25, 2021

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ENROLLMENT AND BENEFITS INFORMATION

Table 1: QUARTER 4 MCO MONTHLY ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION	9/30/2021 ENROLLMENT	12/31/2021 ENROLLMENT	PERCENT INCREASE / DECREASE Q4
Blue Cross Blue Shield of New Mexico (BCBS)	284,542	291,619	2.5%
Presbyterian Health Plan (PHP)	417,553	423,232	1.4%
Western Sky Community Care (WSCC)	84,244	85,614	1.6%

Source: Medicaid Eligibility Reports, September 2021 & December 2021

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

Centennial Care 2.0 MCO enrollment data and cost per unit data by programs for October 2019 through September 2021 is available in Attachment A to this report.

MCO Enrollment

In aggregate, MCO enrollment increased by 10% from the previous to current period. This increase is comprised of the following:

- 12% increase in physical health enrollment.
- 2% increase in long-term services and supports enrollment.
- 7% increase in other adult group enrollment.

Physical Health and Other Adult Group enrollment was high due to the Maintenance of Effort (MOE) requirements during the Public Health Emergency (PHE). Enrollment numbers are expected to decline once the PHE ends. Enrollment graphs provided in Attachment A, illustrate a decrease for the most recent month, which is likely due to retroactivity not yet accounted for at the cutoff date of the enrollment data (i.e., September 30, 2021). Historically, this decrease in the last month changes to an increase in subsequent quarter dashboards.

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MCO Per Capita Medical Costs:

In aggregate, total MCO per capita medical costs decreased by 3% from the previous to current period. This consists of a 3% decrease to pharmacy services and 3% decrease to non-pharmacy services.

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 December 31, 2018, 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. In Q4, MHC was notified of the payable amount. Payment will occur, and a final HSD determination concerning MHC's completion of all obligations is anticipated, in Q1 DY9.

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.

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- 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	91,978
Number of Members Newly Registered in the Rewards Program this Quarter	4,927	3,800	4,570	6,508
Number of Members Who Redeemed Rewards this Quarter**	16,721	23,484	31,170	46,079

*Only includes rewards earned THIS quarter.

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

Source: Finity Quarter 4 Report

Electronic Engagement Reward Alert Campaign

In DY8 Q4 2021, Finity conducted the following multimedia campaigns to support members.

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. Texts and emails were sent in October and November.
- 505K texts sent in Q4 2021
- 293K emails sent in Q4 2021

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Monthly Redemptions 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. Texts and emails for this campaign were sent in November and December. This is an ongoing campaign and Q4 results are provided below:

- 250K texts sent in Q4 2021
- 159K emails sent in Q4 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 texts and emails were sent in November and December. This is an ongoing campaign and Q4 results are provided below:

- 47.2 texts sent in Q4 2021
- 9.7K emails sent in Q4 2021

Additional Key Stats through Q4 2021:

- Member participation in Q4 2021 reached an all-time high of over 74.2%.
- In Q4 2021, members redeemed $1.8M in rewards, which is up 52% from Q3 2021.
- In Q4 2021, 46K members redeemed points, which is up 48% from Q3 2021.

Centennial Rewards Enhancements

HSD approved modifications to existing rewards and new rewards for CY 2022 in December of 2021:

- Adult PCP Visit ($20)
- Antidepressant Med. Mgmt. ($5/$60 max.)
- Child/Adolescent Visit ($20/$20 IMA bonus)
- Child Dental Checkup ($30)
- Covid Vaccination or Booster ($20)
- Diabetes HbA1c Test ($20/$20 control bonus)
- Diabetes Eye Exam ($20)
- Flu Shot ($5)
- Follow-Up ED Visit for Mental Illness ($20)
- Follow-Up Hospital Visit for Mental Illness ($20)
- Postpartum Visit ($25)
- Prenatal Visit ($25)
- Schizophrenia Med. Mgmt. ($5/$60 max.)
- Well-Baby Visits ($5/$40 max. + $40 bonus)

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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 Q4 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 4,293		
YES	NO	OTHER	YES	NO	OTHER	YES	NO	OTHER
Are you satisfied with Centennial Care? 97%	3%	n/a	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	87%	5%	8% I don't have a doctor
Are you satisfied with your health plan? 97%	3%	n/a	96%	4%	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	72%	2%	26% I don't have a care coordinator

Source: Finity Quarter 4 Report

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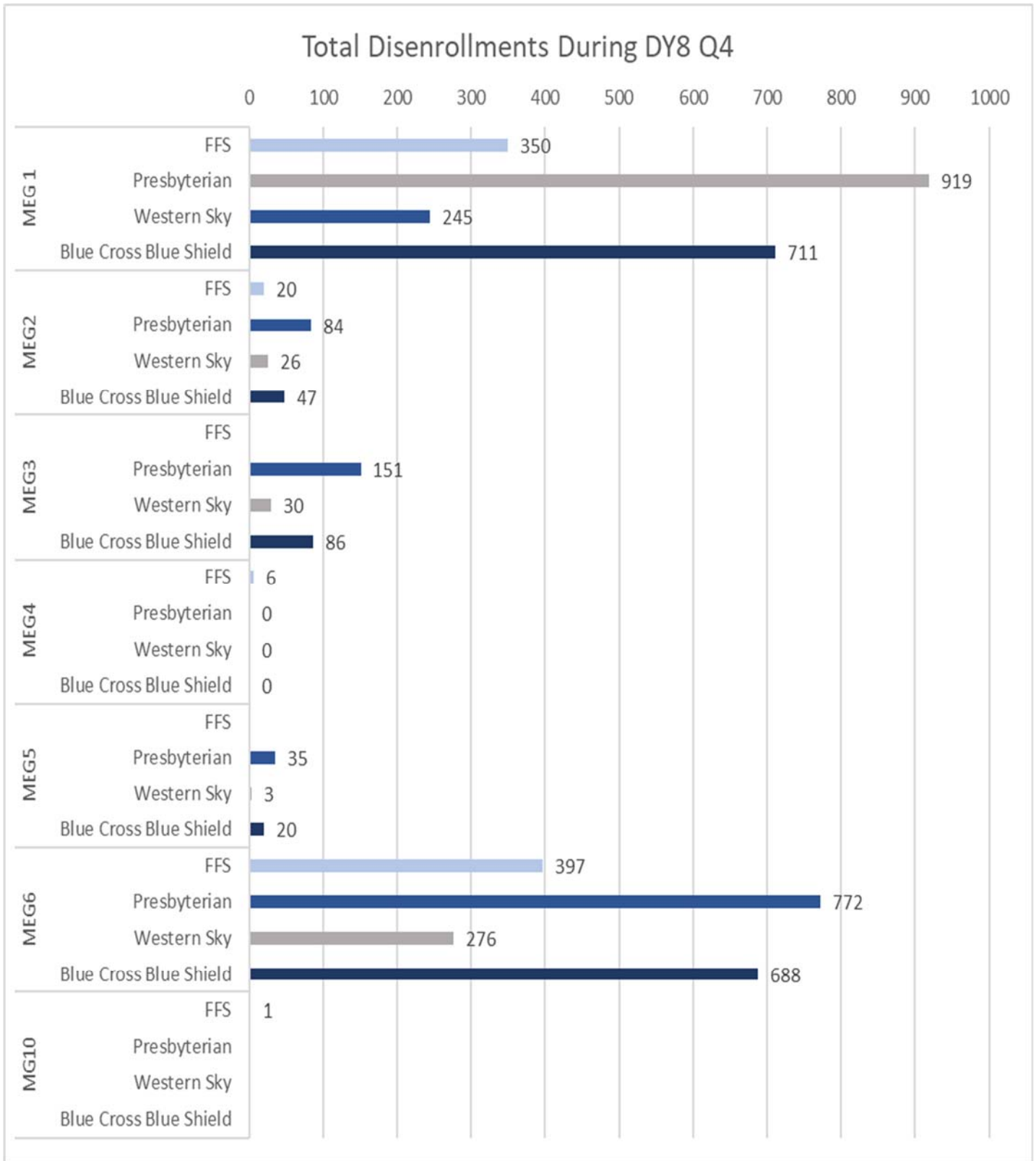## ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

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.

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Demonstration Population		Total Number Demonstration Participants DY8 Q4 Ending December 2021	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY8 Q4
Population MEG1 - TANF and Related	0-FFS	38,625	39,202	350
	Presbyterian	219,779	208,433	919
	Western Sky	41,402	40,135	245
	Blue Cross Blue Shield	143,531	137,336	711
	Summary	**443,337**	**425,106**	**2,225**
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,552	2,432	20
	Presbyterian	20,578	20,532	84
	Western Sky	3,698	3,754	26
	Blue Cross Blue Shield	12,276	12,091	47
	Summary	**39,104**	**38,809**	**177**
Population MEG3 - SSI and Related - Dual	0-FFS		147	
	Presbyterian	22,606	114	151
	Western Sky	3,235	21	30
	Blue Cross Blue Shield	11,050	85	86
	Summary	**36,891**	**367**	**267**
Population MEG4 - 217-like Group - Medicaid Only	0-FFS	222		6
	Presbyterian	109	23,849	
	Western Sky	18	3,447	
	Blue Cross Blue Shield	77	11,815	
	Summary	**426**	**39111**	**6**
Population MEG5 - 217-like Group - Dual	0-FFS		147	
	Presbyterian	2,980	114	35
	Western Sky	529	21	3
	Blue Cross Blue Shield	2,293	85	20
	Summary	**5,802**	**367**	**58**
Population MEG6 - VIII Group (expansion)	0-FFS	34,075	38,545	397
	Presbyterian	131,802	141,395	772
	Western Sky	32,904	35,148	276
	Blue Cross Blue Shield	103,884	111,128	688
	Summary	**302,665**	**326,216**	**2,133**
Population MG10 - IMDSUD Group	0-FFS	10	224	1
	Presbyterian	65	362	
	Western Sky	5	54	
	Blue Cross Blue Shield	50	248	
	Summary	**130**	**888**	**1**
Population MGX8 - IMDSUD VIII Group	0-FFS			
	Presbyterian	172	922	
	Western Sky	19	165	
	Blue Cross Blue Shield	159	759	
	Summary	**350**	**1846**	**0**
Summary		**828,705**	**832,710**	**4,867**

Total Disenrollments During DY8 Q4

MEG	Plan	Value
MEG 1	FFS	350
MEG 1	Presbyterian	919
MEG 1	Western Sky	245
MEG 1	Blue Cross Blue Shield	711
MEG2	FFS	20
MEG2	Presbyterian	84
MEG2	Western Sky	26
MEG2	Blue Cross Blue Shield	47
MEG3	FFS	
MEG3	Presbyterian	151
MEG3	Western Sky	30
MEG3	Blue Cross Blue Shield	86
MEG4	FFS	6
MEG4	Presbyterian	0
MEG4	Western Sky	0
MEG4	Blue Cross Blue Shield	0
MEG5	FFS	
MEG5	Presbyterian	35
MEG5	Western Sky	3
MEG5	Blue Cross Blue Shield	20
MEG6	FFS	397
MEG6	Presbyterian	772
MEG6	Western Sky	276
MEG6	Blue Cross Blue Shield	688
MG10	FFS	1
MG10	Presbyterian	
MG10	Western Sky	
MG10	Blue Cross Blue Shield	

Source: Enrollee Counts Report

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OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
DY8 Q4	In November and December 2021, HSD staff together with other community stakeholders provided a second and third 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. HSD is developing a more robust training for CYFD staff to include basic Medicaid eligibility process for children and youth in state custody and Medicaid Care Coordination. HSD promoted social distancing by continuing to provide 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. HSD continued its participation in the NM (New Mexico) Health Marketing Coalition Committee lead by the NM Department of Tourism (NMDT) to promote outreach for new COVID-19 Vaccine and Booster Campaigns developed by the (NMDT). The campaigns are designed to encourage New Mexicans to get the COVID-19 Vaccine shot. The New Mexico Department of Health, HSD's Managed Care Organizations and other healthcare stakeholders comprise this coalition. HSD staff are participating in the HSD COVID-19 Vaccination Workgroup and the Department of Health (DOH) 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 during the PHE.

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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 Q4 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 DY8 Q4, financial payments were made for Indian Health Services (IHS) reconciliations, directed payments to the University of New Mexico Hospital (UNMH) and University of New Mexico Medical Group (UNMMG), Hospital Access Payments (HAP), Hepatitis C reconciliations, retroactive eligibility reconciliations, Health Care Quality Surcharge (HCQS), and a reversal of performance measure penalty. The reversal of the performance measure penalty predominantly contributed to the PMPM of MEG 1 in DY6. The IHS reconciliation payment along with the directed payments to UNMH and UNMMG, and HAP partly contributed to the changes in the PMPM for MEG 1 in DY8. The HCQS, directed payments to UNMH and UNMMG, and HAP payments mostly accounted for the increase in PMPM for MEG 2 in DY8. The directed payments to UNMH and UNMMG with the HAP payments contributed to most of the PMPM increase for MEG 6 in DY8.

The fiscal impact of the public health emergency due to the Coronavirus (COVID-19) pandemic may be minimal in the financial activities during DY8 Q4. In addition, expenditures and member months for substance use disorder in an institution for mental diseases (SUD IMD) were reported for DY6 through DY8 for both fee-for-service and managed care.

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.

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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
- 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.
- Providing reimbursement for administration of COVID-19 vaccines to homebound eligible Medicaid beneficiaries from March 15, 2021 through the end of the PHE.
- Applying a rate increase to non-emergency transportation providers from January 1, 2022 through June 30, 2022 or the end of the PHE, whichever comes first.
- Applying a nursing facility rate increase for COVID-19 members from January 1, 2022 through June 30-2022 or the end of the PHE, whichever comes first.
- Applying rate increases for ICU inpatient hospital services and for all other inpatient hospital services from January 1, 2022 through June 30, 2022 or the end of the PHE, whichever comes first.
- Implementing targeted access supplemental payments for Safety-Net Care Pool (SNCP) hospitals from January 1, 2021 through the end of the PHE.

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

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- 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.

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- o Modifying provider qualifications to allow provider enrollment or re- enrollment with modified risk screening elements
- o Modifying the process for level of care evaluations or re-evaluations
- o Modifying person-centered service plan development process to allow for telephonic participation and electronic approval
- o Modifying incident reporting requirements
- o 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
- o Implementing retainer payments for personal care services

- 1915c (Supports Waiver)
  - o Modifying provider qualifications to suspend fingerprint checks or modify training requirements
  - o Modifying processes for level of care evaluations or re-evaluations
  - o Temporarily modifying incident report requirements for deviations in staffing
  - o 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
  - o Allowing flexibility of timeframes for the CMS 372, evidentiary package(s), and performance measure data collection
  - o Adding an electronic method of service delivery allowing services to continue to be provided remotely in the home setting
  - o 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.
  - o Modifying incident reporting requirements
  - o 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.

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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, through Q3, which reflects an increase in members receiving care through a PCMH. DY8 Q4 data will be reported in the DY9 Q1 report.

Table 4: PCMH Assignment

PCMH ASSIGNMENT			
Total Members Paneled to a PCMH			
	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
BCBS	128,940	145,663	154,450	
PHP	248,493	257,162	262,428	
WSCC	34,073	36,685	37,621	
Percent of Members Paneled to a PCMH			
	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
BCBS	46.30%	51.60%	53.60%	
PHP	60.90%	62.30%	62.90%	
WSCC	42.20%	44.40%	44.50%	

Source: MCO Report #48 Q3

MCO PCMH initiatives:
BCBS: BCBS has weekly rounds to discuss members who are outpatients but have a high number of Emergency Department (ED) visits or readmissions. Their care coordinators

research the member and assess their needs. At outpatient rounds, BCBS collaborates to find resources to meet members' needs to prevent ED visits. If not already part of Complex Case Management (CCM), these members are also encouraged to transition to complex case management. If they are not interested in CCM, the care coordinators continue to work with them to prevent readmissions and ED visits. These rounds have been in place for over a year, and BCBS is continuing to refine the process to bring more value to the member and the care coordination team.

PHP: In addition to standard meetings with PCMH groups, the PHP Value Based Purchasing (VBP) team also discussed COVID-19 and flu vaccinations including, but not limited to, practice protocols. PHP VBP team continues to include interdepartmental staff in meetings with PCMH groups on topics such as: controlling blood pressure, pediatric care, women's health and prevention of diabetes for pre-diabetic patients. Standard practice meeting items such as reviewing quality measure tip sheets, member education opportunities and utilization of telehealth continue. Given the incongruence of ED & Admissions it does not seem that the slight increase in ED visits can be attributed to the increase in PCMH groups late Q2. Rather, this increase in ED visits and subsequent decrease in admissions could be attributed to the start of cold season. As symptoms can present like COVID-19 causing more members to go to ED as a precaution.

WSCC: WSCC actively develops processes to reduce high emergency room and hospital readmissions through continual monitoring of trends related to claims and data. Through member-centric touchpoints and care planning processes, WSCC member ED visits and readmissions are monitored by care management teams on an ongoing basis. The Member Connections team reaches out to members who utilize the ED four or more times within a 30-day period. The team also assists the member with mental/behavioral health services including substance use or abuse. WSCC member care teams continually assist members with education on use of ED system, how to work with their healthcare team, navigate the healthcare system and provide links with community-based resources for further education and self-management for chronic health conditions. This engages members to participate in their care and understand the conditions that led to the hospital admission and ED usage for future decision making. WSCC routinely conducts weekly interdisciplinary rounds with clinical and non-clinical staff to review and assist members who are identified as high utilizers including those with hospital readmissions. The rounds provide an avenue to review current and proposed interventions and/or additional services that may be appropriate for optimal care for the member. WSCC continually collaborates with participating VBP providers including PCMH providers to assist in monitoring gaps in care and outcome metrics through practice scorecards. Through the Provider Portal, PCMH providers can

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obtain daily inpatient census and discharge reports to assist with monitoring and provision of quality care to members.

CARE COORDINATION MONITORING ACTIVIES

Care Coordination Monitoring Activities	
DY8 Q4 Activities	In DY8 Q4, 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 Q3 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 99.5% while MCOs reported a decrease of 3 percentage points for HRAs for members with a 'change in health condition' from DY8 Q2 (93%) to DY8 Q3 (90%). Aggregate completion percentages for CNAs remained consistent from DY8 Q2 to DY8 Q3 at 94% for CCL2 members and decreased 3 percentage points for CCL3 members from DY8 Q2 (94%) to DY8 Q3 (91%). Aggregate completion percentages of CCPs increased by 1 percentage point from DY8 Q2 (95%) to DY8 Q3 (96%) for CCL2 members and remained at 97% for CCL3 members. Additionally, the Care Coordination Report includes MCO strategies for engaging and retaining members. In DY8 Q3, BCBS completed refresher training on motivational interviewing for all assessors and care coordinators. Additionally, BCBS implemented a "late shift" for all care coordinators at staggered intervals to make calls after hours to Unable to Reach (UTR) members. PHP has strengthened their Community Health Worker (CHW) and Peer Support Specialist (PSS) relationships with providers, emergency rooms, homeless shelters, and other community entities which increases their ability to engage with members. WSCC partnered with mPulse to offer text messaging as an innovative method to engage their members. Additionally, WSCC is completing face-to-face assessments via video conference if the member is agreeable. WSCC has seen an increase in engagement through this program. HSD continues to monitor strategies and interventions for all MCOs to retain and increase compliance with performance benchmarks. The table below details aggregate and individual MCO performance for DY8 Q1 through DY8 Q3. DY8 Q4 data will be reported in DY9 Q1.

Table 5 – Care Coordination Monitoring

MCO Performance Standards	DY8Q1	DY8Q2	DY8Q3	DY8Q4
HRAs for new Members	**99.8%**	**99.3%**	**99.50%**	
BCBSNM	100%	99.9%	99.80%	
PHP	97%	93%	96%	
WSCC	100%	100%	100%	
HRAs for Members with a change in health condition	**96%**	**93%**	**90%**	
BCBSNM	100%	100%	100%	
PHP	94%	88%	86%	
WSCC	100%	100%	100%	
CNAs for CCL2 Members	**96%**	**94%**	**94%**	
BCBSNM	90%	86%	85%	
PHP	99%	98%	97%	
WSCC	100%	99.9%	99.80%	
CNAs for CCL3 Members	**94%**	**94%**	**91%**	
BCBSNM	88%	83%	77%	
PHP	98%	98%	96%	
WSCC	100%	100%	100%	
CCPs for CCL2 Members	**95%**	**95%**	**96%**	
BCBSNM	85%	88%	88%	
PHP	99%	99%	99.60%	
WSCC	98%	94%	99%	
CCPs for CCL3 Members	**97%**	**97%**	**97%**	
BCBSNM	93%	92%	93%	
PHP	99%	99%	99.60%	
WSCC	97%	99%	98%	

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

In DY8 Q4, 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 telephonic and video visits for CNAs and required touchpoints. The report identifies whether

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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 attempted to conduct assessments and touchpoints that were not completed in prior months. The table below details the MCOs' DY8 Q1 through DY8 Q3 completion of Bi-Weekly Telephonic In Lieu of Face-To-Face visits. DY8 Q4 data will be reported in DY9 Q1.

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

TELEPHONIC IN LIEU OF FACE TO FACE VISITS	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Initial CNAs completed	**2,195**	**2,522**	**2,056**	
BCBSNM	981	1,114	917	
PHP	990	1,171	964	
WSCC	224	237	175	
Initial CNAs not completed due to COVID-19	**83**	**69**	**39**	
BCBSNM	78	69	37	
PHP	5	0	2	
WSCC	0	0	0	
Annual CNAs completed	**7,061**	**7,560**	**5,765**	
BCBSNM	2,523	2,771	2,267	
PHP	3,919	4,179	3,021	
WSCC	619	610	477	
Annual CNAs not completed due to COVID-19	**656**	**762**	**618**	
BCBSNM	306	326	240	
PHP	350	436	378	
WSCC	0	0	0	

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Semi-annual CNAs completed	**539**	**598**	**544**	
BCBSNM	177	168	212	
PHP	311	351	281	
WSCC	51	79	51	
Semi-annual CNAs not completed due to COVID-19	**40**	**30**	**48**	
BCBSNM	36	22	42	
PHP	4	8	5	
WSCC	0	0	1	
Quarterly in-person visits completed	**1,298**	**1,643**	**1,385**	
BCBSNM	505	667	576	
PHP	741	904	748	
WSCC	52	72	61	
Quarterly in-person visits not completed due to COVID-19	**90**	**85**	**67**	
BCBSNM	13	6	5	
PHP	77	79	62	
WSCC	0	0	0	
Semi-annual in-person visits completed	**5,874**	**6,568**	**6,744**	
BCBSNM	1,044	1,115	964	
PHP	4,431	5,086	5,294	
WSCC	399	367	486	
Semi-annual in-person visits not completed due to COVID-19	**499**	**533**	**559**	
BCBSNM	7	11	5	
PHP	492	522	554	
WSCC	0	0	0	

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

Care Coordination Audits

In DY8 Q4, 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 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

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Assessment (CNA) if triggered by a completed Health Risk Assessment (HRA): Health Risk Assessment and Care Coordination Level Audit; and

- 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 quarterly 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 through DY8 Q3. DY8 Q4 data will be reported in DY9 Q1.

Table 7 - Care Coordination Categorization Audit

Care Coordination Categorization	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Difficult to Engage (DTE)	**90%**	**65%**	**87%**	
BCBS	77%	60%	93%	
PHP	100%	67%	70%	
WSCC	93%	67%	98%	
Unable to Reach (UTR)	**70%**	**68%**	**44%**	
BCBS	69%	53%	0%	
PHP	57%	85%	33%	
WSCC	84%	67%	99%	
Refused Care Coordination (RCC)	**94%**	**82%**	**93%**	
BCBS	86%	92%	93%	
PHP	97%	87%	100%	
WSCC	100%	67%	85%	

Source: HSD DY8 Q1-Q3 Quarterly Care Coordination Categorization Audits
Percentages in bold text are MCO averages

HSD noted that DY8 Q3 Care Coordination Categorization audit results showed an increase in compliance from DY8 Q2 for Difficult to Engage (DTE) members (65% to 87%) and members Refusing Care Coordination (RCC) (82% to 93%). There was a decrease in

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aggregate compliance for Unable to Reach (UTR) members (68% to 44%) For BCBS, this decrease was 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. For PHP, the decrease was largely due to the significant number of member files with no documentation of attempts to reach members other than a UTR letter. HSD concluded that this was mainly a documentation issue, rather than a failure to complete the required outreach and expects that the documentation will improve in future audits.

In addition to HSD submitted audit findings, a discussion of DY8 Q3 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

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.

In DY8 Q4, HSD advised BCBS and PHP that HSD would be implementing Individual Action Plans (IAP) for both BCBS and PHP due to the consistent decrease in audited Unable to Reach (UTR) Member files meeting requirements. HSD has directed BCBS and PHP to update HSD, quarterly, on the training, oversight, and follow-up that is occurring to ensure contract requirements are being met. HSD has directed BCBS and PHP to complete quarterly internal audits of their UTR Membership and report the audit results and the steps they are taking to ensure consistency and increase compliance. Results will be provided to HSD quarterly beginning with DY9 Q2.

The table below details the Transition of Care Audit results for DY8 Q1 through DY8 Q3. DY8 Q4 data will be reported in DY9 Q1.

Table 8 - Transition of Care Audit

Transition of Care	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
In-Patient	**89%**	**89%**	**93%**	
BCBS	99%	82%	87%	
PHP	89%	96%	99%	
WSCC	80%	x*	x*	
Nursing Facility	**97%**	**96%**	**96%**	
BCBS	98%	92%	99%	
PHP	97%	98%	99%	
WSCC	95%	99%	91%	

Source: HSD DY8 Q1-Q3 Qtrly TOC Audits; Percentages in bold text are MCO Averages *WSCC had no In-Patient transitions in DY8 Q2/Q3.

Results of the DY8 Q3 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
- 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
- Clear documentation, particularly for members experiencing readmission within the audited quarter

HSD provided detailed findings, reiterated contract requirements, and stressed the importance of comprehensive documentation. HSD noted that aggregate rates of compliance increased by four (4) percentage points from DY8 Q2 (89%) for IP to Community TOC members from DY8 and remained at 96% for NF to the Community members. 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 through DY8 Q3. DY8 Q4 data will be reported in DY9 Q1.

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Table 9 - Health Risk Assessment and Care Coordination Level Audit

HRA/CCL Audit	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
Health Risk Assessment (HRA)	**100%**	**92%**	**97%**	
BCBS	99.70%	85%	100%	
PHP	100%	99%	98%	
WSCC	100%	93%	94%	
Care Coordination Level (CCL)	**87%**	**95%**	**91%**	
BCBS	88%	92%	91%	
PHP	89%	98%	99%	
WSCC	83%	94%	82%	

Source: HSD DY8 Q1-Q3 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 increased by five (5) percentage points from DY8 Q2 to DY8 Q3 (92% to 97%).

HSD noted that aggregate rates of compliance decreased by four (4) percentage points from DY8 Q2 (95%) for the CCL Audit. Discrepancies identified in the Care Coordination (CCL) Audit were primarily related to members who met requirements for CCL3 but were categorized at 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 CNA Ride-Alongs
HSD conducted 3 virtual CNA ride-alongs with MCO care coordinators in DY8 Q4 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 BCBS, PHP and WSCC. HSD scheduled one (1) additional virtual ride-along with BCBS that was 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 written feedback 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, conducting assessments telephonically and ensuring all contract required elements of the CNA are addressed.

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 HRA Ride-Alongs
HSD conducted 31 virtual HRA ride-alongs with MCO care coordinators in DY8 Q4 to observe completion of Member assessments. Per contract, all HRAs are conducted telephonically.

HSD provided written feedback to the MCOs on the following findings:
- The majority of Assessors were friendly, thorough, and professional with the members; and
- Assessors often transferred members to member services or a nurse immediately following HRA completion to assist them with urgent needs.

HSD noted opportunities for improvement that included:
- Ensuring that Assessors thoroughly explain the services available through Care Coordination;
- Conducting additional training for specific Assessors who read the questions verbatim in a non-conversational manner;

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- MCO review of HRA scripts to ensure all contract required HSD Standardized HRA questions are included; and
- MCO submission of revised HRA scripts for HSD approval.

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 Q4 Quarterly Meeting on December 16, 2021 and reviewed:

- Aggregate data from the following reports related to enrollment and compliance with assessment and touchpoint timeliness:
    - Quarterly Care Coordination Report;
    - Children in State Custody (CISC) Report;
    - JUST Health TOC Report; and
    - Comprehensive Addition and Recovery Act (CARA) Report.
- Results of the DY8 Q3 audits of member categorization, HRAs, Care Coordination Levels and compliance with TOC requirements; and
- Results of the DY8 Q3 audits of CISC Member categorization, HRAs and Care Coordination Levels.

In addition to the All MCO Quarterly Care Coordination Meeting, HSD conducts a quarterly 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. The DY8 Q4 meeting focused on methodology for reporting member assessments and Care Coordination Levels (CCLs) via the MCO to HSD Interface File and findings related to engagement during HRA and CNA ride-alongs. All MCOs provided positive feedback to the workgroups, expressing appreciation for shared strategies to increase engagement, and providing new plans for measuring Member satisfaction.

BEHAVIORIAL HEALTH

In 2021 the Behavioral Health Services Division (BHSD) maintained and expanded 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.

In DY8 Q4, 39,839 persons received behavioral health services through telehealth. This total

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represents approximately a 1 percent decrease over the prior quarter total of 40,196. Due to the timing in reporting, claim lag is present for 90-days following the end of the quarter so it is likely the total will increase when data is refreshed in the following 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 and frontier landscapes.

Service delivery over telephonic means continues to see growth quarter-over-quarter. In DY8 Q3, 33,934 persons received services through this modality but in DY8 Q4, the total increased to 38,913 persons. The increase in Q4 represents a 27 percent increase from the prior quarter which is a positive trend for this delivery system. 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 undoubtably 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 4,664 new clients during the twelve months of 2021. With support from the Treat First agencies, 32.5% 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 15.3%. This is impressive particularly during the pandemic and notably lower than before agencies started the Treat First Approach.

When youth or adults were asked how they felt their Treat First visits were going, on average, both groups felt that the sessions were working very well to address their immediate needs.

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.

Throughout DY8, SBIRT utilization saw decreases quarter-to-quarter from Q1, with an average rate of decline at 11 percent over the reporting period. In Q1, an average of 732 persons were served per month, however that decreased to 618 from Q3 forward. In Q4, 1,425 persons received SBIRT, which is a 16 percent decrease from Q3 total of 1,698, although this is likely to change when data is refreshed as the latest quarterly results are impacted by claim lag which is present up to 90-days following the end of the quarter.

As decreases in utilization for SBIRT were experienced in DY8, it is important to mention that the rate of persons receiving this service is in line with DY7 results which experienced the same trend during that report period.

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 Q4, 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 HSD 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. HSD has expanded coverage of recipients, ages 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 DY8 Q4, the SUD with IMD utilization decreased by 13 percent with a total of 3,019 persons served. The average number beneficiaries served per month during Q4 was 1,276 compared to 1,459 from the prior quarter and the yearly average was 1,423. The total number of persons served for DY8 was 10,248. The decrease in utilization as reported

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currently is impacted by claim lag and it is likely to show an increase once data is refreshed in future reports.

SUD Health IT

For DY8 HSD continued 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

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analytics targeted for 2022. Smart phone apps are part of the Medicaid Management Information System (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 Q4 HSD continues to assist providers in completing the AARTC application. Nine providers are currently engaged in the application process. Five of nine providers are in the initial stages of the application process and are providing required documentation for review. Three providers are working through rate development and one provider has received interim rates and is in the process of contracting with the Managed Care Organizations (MCOs) for rate reimbursement.

Table 10 – AARTC Client Counts

MEDICAID CLIENT COUNTS				
PROVIDER	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
716	17	0	0	0
90	46	50	52	35
37	246	241	269	321
81	23	22	5	0
589	23	9	3	0
Unduplicated Total	**355**	**322**	**329**	**356**

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, Q3 and Q4 of DY8. Clients counts for Q2 and Q3 have been adjusted to reflect actual number of clients served.

The utilization of Medicaid funded clients shows an increase for Q1-Q3, and a decrease in Q4 which may be attributed to the 90-day lag in claims submitted for the quarter. There was also a decline in non-Medicaid clients served for DY8 which is expected as providers are now billing Medicaid for services. HSD will analyze and review claims submitted in the 90-day lag time and will update client counts accordingly. For provider 81 and 589, billing issues

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and client counts by provider location may have attributed to errors in the unduplicated client counts numbers. HSD is reviewing the provider identification number to ensure accuracy in client count numbers.

HSD continues discussing next steps to developing AARTC rates. Rates will be assessed by acquiring one full year of utilization by each provider with a review of expenditure data collected to determine actual costs of operation. Interim rates will then 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) and Serious Mental Illness (SMI), and to children and adolescents with diagnoses in the spectrum of Severe Emotional Disturbance (SED). In addition to SMI, SUD, and SED, many members have diagnoses of co-occurring disorders.

In Q2 of DY8, CMS approved New Mexico's State Plan Amendment (SPA) to add SUD to the SMI and SED eligibility criteria for Health Homes. Following approval of the SUD SPA, HSD has been working with providers to help them develop staffing and training plans and referral networks to ensure Members have access to an array of appropriate SUD services. HSD has also provided trainings in Stigma and the use of ASAM criteria to assess and develop treatment plans for Members with SUD. We continue to refer CLNM provider staff to an array of trainings offered by the New Mexico Opioid Hub.

Seven providers deliver coordinated care services at 12 New Mexico 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 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 or are in state custody. At the end of quarter four, 137 children and adolescents were enrolled in CLNM Wraparound programs.

Similar to most providers, CLNM agencies continue to experience staff turnover and staffing shortages. These challenges impact outreach efforts, delivery of services, and quality of care. Many Members are uncomfortable with face-to-face visits, and care coordinators are forced to complete assessments using telehealth tools. Providers concur that this delivery method is crucial, and also not as comprehensive as seeing a member in person, in their

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environment. As variants of COVID-19 have surged in New Mexico, all providers continue to balance member needs with safety concerns for staff and clients, and adjust practice protocols.

CLNM Health Home Activities	
DY8 Activities	During DY8, CLNM providers began to see a small number of members in person when clients expressed the need for face-to-face visits. CareLink clients often face challenges with housing and other social determinants of health. Reliable internet services are not available to all, and CLNM staff have met with members in outdoor locations to conduct assessments and provide services. Despite employing recommended safety protocols, a number of providers contracted the COVID-19 virus.
	The ability to deliver virtual services has been crucial for providers to maintain engagement and has enabled many members with chronic health conditions to continue receiving essential services. Virtual services have also proven invaluable to clients with transportation barriers. As COVID-19 cases are abating, 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.
	During DY8, HSD delivered trainings to Health Home staff that included a second Stigma training for CLNM and agency staff members. HSD staff provided technical assistance to provider staff on the Star data collection system and completion of service tracking to ensure all conducted screenings and follow-up activities were indicated in the tracking system.
	HSD staff continue working with providers on individualized SUD implementation activities, including procuring Naloxone and training on its use; education on ASAM criteria and assessments, and establishing MOA with external providers for SUD services that cannot be rendered by a CLNM agency.
	During Q8 enrollment grew 10% from the end of Q4, DY7. The table below indicates enrollment at the end of each quarter.

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Table 11: Number of Members Enrolled in Health Homes

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES								
Q4 2020 OCT – DEC	Q1 2021 JAN – MAR	% CHANGE	Q2 2021 APR – JUN	% CHANGE	Q3 2021 JUL-SEPT	% CHANGE	Q4 2021 OCT-DEC	% CHANGE
3,971	4,020	1.20%	4,183	4%	4,264	1.90%	4,367	2.40%

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 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 has six CPSWs assigned to deliver Linkages supportive housing services and actively utilizes the H0044 code for reimbursement. Another Linkages provider has one CPSW to render Linkages support services; this provider worked with the MCOs to amend their contracts to allow for H0044 reimbursement beginning in January. A third provider has identified one CPSW within their existing staff to render Linkages support services and worked with the MCOs to amend their existing contracts to allow for H0044 reimbursement. This provider began providing CPSW rendered Linkages support services to four clients initially, and billing against H0044 began in December. A fourth Linkages provider hired a CPSW in December and began working to amend their contracts with MCOs to allow for H004 reimbursement. The remaining Linkages providers continue to consider hiring of 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; there are eleven Linkages support service providers. The interest of all providers not yet utilizing H004 has increased with the progress made with the providers who have established H0044 reimbursement.

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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.

HSD continues to promote the use of CPSWs to render Linkages support services; however, Linkages providers and providers of other behavioral health services have experienced challenges with hiring and vacancies within their agencies during the COVID-19 pandemic. 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, on-going technical assistance from the BHSD Supportive Housing Program Manager and Linkages TA who meet with each provider monthly, and quarterly Statewide Linkages meetings. The Linkages TA developed a "Getting Started with H0044" guide, which was distributed to all Linkages providers along with data to show the potential monetary gain that could result from billing the code. The data includes information based on varying case load capacities and has served as a very useful promotional tool. The "Getting Started with H0044" guide is disseminated upon inquiry about H0044 and to the entire Linkages provider network at least quarterly. Furthermore, the Linkages TA distributes a monthly newsletter that includes recognition to those providers who have acquired CPSWs for the purpose of H0044 utilization. Lastly, Linkages 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, 2021 – December 31, 2021)			
DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
25	28	29	28
Unduplicated Total - 35			

* 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 State Fiscal Year (SFY) 2021 allowed HSD to

expand Linkages services that are not covered by Medicaid. HSD utilizes these funds to support rental assistance vouchers for eligible Linkages clients. In SFY20, funding allowed 160 households to receive a rental assistance voucher and support services; in SFY21, the funding increased to support 318 households. An increase is expected for SFY23, which will allow for increased vouchers. 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 Q4, 305 vouchers have been issued or filled; a filled voucher means housing has been secured.

In SFY21, Linkages expanded from six to eight sites with Curry and McKinley as new Linkages sites. In SFY22, the Linkages budget maintained the SFY21 expansion, and there are eight Linkages sites with a capacity of 318 households served with vouchers and support services. Expansion is expected for SFY23, as funding allows.

CENTENNIAL HOME VISITING (CHV) PILOT PROGRAM

In DY8, the Centennial Home Visiting (CHV) pilot program served over 177 families. The models are as follows:

Nurse Family Partnership (NFP) Model: University of New Mexico Center for Development and Disability (UNM CDD) NFP served a total of 80 unique families in Bernalillo County and Valencia County.

Parents as Teachers (PAT) Model:
- UNM CDD PAT served 61 unique families in Bernalillo County.
- ENMRSH still served 36 unique families in Curry County and Roosevelt County at their capacity.
- Taos Pueblo/Tiwa Babies served 3 unique families in Taos County.

The CHV services delivery was still affected by the COVID-19 emergency during DY8. HSD provided guidance to assist CHV providers. Home visiting agencies reported no interruption of services.

CHV pilot program continues to gain new providers and has begun enrolling providers under a unique provider type. A workgroup made up of CHV providers, MCOs, program participants and stakeholders developed recommendations for the continued expansion of CHV. These will be the focus on ongoing work. Additionally, a billing workgroup has been established to support providers with electronic billing and more.

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 723 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 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 14 PE certification trainings and 15 YESNM-PE demo refresher trainings in DY8.

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 227 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 (January - December 2021)					
Month	Newborns Submitted through AVA	Newborns Successfully Enrolled	Newborns Unsuccessfully Enrolled - Tasks Created	% of Newborns Successfully Enrolled	% of Newborns Unsuccessfully Enrolled
Q1	1,821	1,343	478	74%	26%
Q2	1,950	1,604	346	82%	18%
Q3	2,106	1,697	409	81%	19%
Q4	2,166	1,385	781	64%	36%
Total	**8,043**	**6,029**	**2,014**	**75%**	**25%**

Source: Accenture Baby Bot dashboard RPA activity detail daily report

In DY8 82 PEDs used the Baby Bot functionality. HSD program staff saw an increase in PED participation and noticed an increase in the number of newborns added through Baby Bot. Although in Q4, we did see a 12% decrease with the "% of Newborns Successful Enrolled". The decrease was due to a system update that inadvertently effected the babybot percent of Successful Newborn Enrolled.

In this reporting period 75% of all newborns submitted through a Baby Bot chat session resulted in a successful case update. HSD 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.

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Table 14: PE Approvals

	PE APPROVALS (January - December 2021)			
Month	PEs Granted	% PE Granted with Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
Q1	361	98.61%	2,641	2,079
Q2	346	98.27%	2,239	1,721
Q3	260	98.46%	2,178	1,739
Q4	293	99.32%	1,894	1,457
Total	**1,260**	**98.66%**	**8,952**	**6,996**

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. In DY8 98.66% 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. HSD did see a decrease in the amount of PE applications due to limited movement in the jail/prison setting making application assistance difficult. Jails and prisons across NM also saw a decrease in population all due to COVID-19. In DY8 84.62% of all JUST Health PE approvals had an ongoing application submitted.

Table 15: PE Approvals

PE APPROVALS – JUST HEATH				
(January - December 2021)				
Month	PEs Granted	% PE Granted w/ Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
Q1	16	93.94%	201	190
Q2	18	83.33%	175	147
Q3	7	85.74%	170	157
Q4	11	81.82%	133	116
Total	**52**	**84.62%**	**679**	**610**

Source: Monthly PE001 Report from ASPEN and OmniCaid

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HCBS REPORTING

Critical Incidents	
DY8 Annual Reporting	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. The quarterly meeting was held on November 17, 2021. The primary discussion was regarding the States expectations for the MCOs in the Medicaid Managed Care Services Agreement that will be modified per the Letter of Direction (LOD) pending the Directors approval. HSD presented guidance on the LOD and offered recommendations for reporting and documenting follow up actions taken by the MCO. This LOD reflects the requirements of STC 43(5). 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. HSD provided daily assistance to MCOs and providers to obtain access to the Critical Incident Report (CIR) Portal by establishing and/or resetting login credentials as well as deleting duplicate reports. DY8 Q3 data reflects that the total Centennial Care critical incident reports increased 10% from DY8 Q2. This coincides with an increase in reports observed each quarter since CY20 Q1. DY8 Q3 data reflects that the total Behavioral Health critical incident reports increased 11% from DY8 Q2. This also coincides with the upward trend in reports observed each quarter since CY20 Q1. DY8 Q3 data reflects that the total Self-Directed critical incident reports increased 24% from DY8 Q2. The 2021 Critical Incident Training for PCS Agencies held in September was well attended, and the result of these trainings typically manifests into an understanding of reporting requirements and an increase in the number of CIRs. The table below represents a summary of the critical incident reporting for DY8 Q3. DY8 Q4 data will be received on January 30,2022 and be reflected in DY9 Q1 report.

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Table 16: Critical Incidents Reported

MCO	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
CRITICAL INCIDENTS REPORTED (Q1 - Q3 2021)															
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
BCBS	3,798	5,195	5,218		127	229	211		95	113	140		14,211	567	348
PHP	12,648	14,295	16,211		557	562	675		442	460	569		43,154	1,794	1,471
WSCC	774	994	1,035		40	47	41		24	31	40		2,803	128	95
Total	17,220	20,484	22,464		724	838	927		561	604	749		60,168	2,489	1,914

Source MCO quarterly report #36

The tables below represent MCO specific critical incident reporting for DY8 Q3.

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Critical Incident Types	Centennial Care (CC)				Behavioral Health				Self-Directed				Year-to-date Totals		
BCBS (Q1 - Q3 2021)															
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	77	133	90		13	34	20		4	8	6		300	67	18
Death	279	220	213		3	3	6		5	6	7		712	12	18
Elopement / Missing	2	9	12		1	1	2		0	0	0		23	4	0
Emergency Services	1,254	1,299	1,241		68	93	91		68	72	98		3,794	252	238
Environmental Hazard	15	22	29		0	0	1		1	0	3		66	1	4
Exploitation	28	38	31		2	1	7		2	2	4		97	10	8
Law Enforcement	11	20	29		3	6	6		1	1	0		60	15	2
Neglect	2,132	3,454	3,573		37	91	78		14	24	22		9,159	206	60
All Incident Types	3,798	5,195	5,218		127	229	211		95	113	140		14,211	567	348

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CRITICAL INCIDENT TYPES	PHP (Q1 - Q3 2021)														
	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	267		73	61	73		10	20	19		725	207	49
Death	527	360	388		13	10	17		23	15	11		1,275	40	49
Elopement/ Missing	15	12	18		2	1	3		0	1	3		45	6	4
Emergency Services	5,830	6,277	6,626		304	309	382		383	349	430		18,733	995	1,162
Environmental Hazard	83	79	98		7	8	10		2	2	2		260	25	6
Exploitation	39	44	66		4	2	3		4	0	9		149	9	13
Law Enforcement	53	39	44		10	11	10		4	4	2		136	31	10
Neglect	5,881	7,246	8,704		144	160	177		38	69	93		21,831	481	200
All Incident Types	12,648	14,295	16,211		557	562	675		442	460	569		43,154	1,794	1,471

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CRITICAL INCIDENT TYPES	WSCC (Q1 - Q3 2021)														
	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	21		1	9	2		0	0	0		68	12	0
Death	59	48	53		2	4	0		2	1	3		160	6	6
Elopement/ Missing	7	1	0		0	0	0		1	0	0		8	0	1
Emergency Services	195	264	227		21	20	26		14	25	23		686	67	62
Environmental Hazard	10	10	12		1	0	2		0	0	2		32	3	2
Exploitation	7	5	9		0	0	0		1	1	2		21	0	4
Law Enforcement	2	2	5		0	1	0		0	0	0		9	1	0
Neglect	473	638	708		15	13	11		6	4	10		1,819	39	20
All Incident Types	774	994	1,035		40	47	41		24	31	40		2,803	128	95

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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

ADRC HOTLINE CALL PROFILER REPORT January - December 2021	
TOPIC	**NUMBER OF CALLS**
Home/Community Based Care Waiver Programs	10,967
Long Term Care/Case Management	19
Medicaid Appeals/Complaints	12
Personal Care	888
State Medicaid Managed Care Enrollment Programs	545
Medicaid Information/Counseling	4,756

Source: SAMS Call Profiler Report; GSA I 7-630-8000-0001 CDA 93-778 State Fiscal Year 2022, Quarter 1 - 2 report

Table 18: ADRC Care Transition Program Report

ADRC CARE TRANSITION PROGRAM REPORT January - December 2021			
COUNSELING SERVICES	**NUMBER OF HOURS**	**NUMBER OF NURSING HOME RESIDENTS**	**NUMBER OF CONTACTS**
Transition Advocacy Support Services		562	
*Medicaid Education/Outreach	8,756		
Nursing Home Intakes		264	
**LTSS Short-Team Assistance			246

*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- 2 reports

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Community Benefit

In DY8 Q4, the Long-term Care (LTC) workgroup projects have included CC 2.0 program changes such as CC 2.0 MCO report revisions, Nursing Facility authorizations, and the Self-Directed Community Benefit (SDCB) vendor transition. HSD has continued to collaborate with providers, stakeholders and sister state agencies to amend our proposed plan for the American Rescue Plan Act (ARPA) increased HCBS funding and send to CMS as required.

Electronic Visit Verification

In DY8 Q4, 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. HSD began planning for the implementation of EVV for Home Health Services in 2023 as required by the Cures Act.

Please see ABCB EVV data for DY8 Q3 outlined in the table below. The MCOs reported that 76% 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 (July - September 2021)		
MCO	**AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD**	**NUMBER OF TOTAL CLAIMS THIS PERIOD**
BCBS	7,864	462,200
PHP	14,814	899,241
WSCC	1,772	110,993
TOTAL	24,450	1,472,434

Source: MCO Report #35 DY8 Q3 July-September 2021

Statewide Transition Plan

In DY8 Q4, HSD continues to update the Statewide Transition Plan (STP) milestones as required by CMS. HSD issued the STP for public comment in October 2021 and submitted to CMS on January 14, 2022. CMS completed its review and submitted questions to HSD on February 23, 2022. CMS and HSD will convene a call to discuss in DY9 Q2.

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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 202 total audits of NF LOC determinations including 60 facility-based and 142 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 3. 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 3. 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

Facility-Based Internal Audits	July	Aug	Sept	DY8Q3
High NF Determinations				
Total number of High NF LOC files audited	**13**	**9**	**12**	**34**
BCBSNM	3	3	3	9
PHP	8	4	7	19
WSCC	2	2	2	6
Total number of files with correct NF LOC determination	**13**	**9**	**12**	**34**
BCBSNM	3	3	3	9
PHP	8	4	7	19
WSCC	2	2	2	6
% of files with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

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Low NF Determinations	July	Aug	Sept	DY8Q3
Total number of Low NF LOC files audited	**17**	**21**	**18**	**56**
BCBSNM	3	3	3	9
PHP	12	16	13	41
WSCC	2	2	2	6
Total number of files with correct NF LOC determination	**17**	**21**	**18**	**56**
BCBSNM	3	3	3	9
PHP	12	16	13	41
WSCC	2	2	2	6
% of files with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations	**July**	**Aug**	**Sept**	**DY8Q3**
Total number of High NF LOC determinations completed within required timeframes	**13**	**9**	**12**	**34**
BCBSNM	3	3	3	9
PHP	8	4	7	19
WSCC	2	2	2	6
% of High NF LOC determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Total number of Low NF LOC determinations completed within required timeframes	**17**	**21**	**18**	**56**
BCBSNM	3	3	3	9
PHP	12	16	13	41
WSCC	2	2	2	6
% of Low NF LOC determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY8 Q3 MCO Internal Audit Results
Total percentage rows contain average percentages

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

Community-Based Internal Audits	July	Aug	Sept	DY8Q3
Total number of Community-Based NF LOC files audited	**92**	**92**	**92**	**276**
BCBSNM	28	28	28	86
PHP	48	48	46	142
WSCC	16	16	16	48
Total number with correct NF LOC determination	**92**	**92**	**92**	**276**
BCBSNM	28	28	30	86
PHP	48	48	46	142
WSCC	16	16	16	48
% with correct NF LOC determination	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
Timeliness of Determinations	**July**	**Aug**	**Sept**	**DY8Q3**
Total number of Community-Based determinations completed within required timeframes	**92**	**92**	**92**	**276**
BCBSNM	28	28	30	86
PHP	48	48	46	142
WSCC	16	16	16	48
% of Community-Based determinations completed within required timeframes	**100%**	**100%**	**100%**	**100%**
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY8 Q3 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.

Table 21: MCO NF LOC Determinations – Facility-Based

Facility-Based Determinations	July	Aug	Sept	DY8Q3
High NF Determinations				
Total number of determinations/redeterminations completed for High NF LOC requests	**51**	**56**	**57**	**164**
BCBSNM	11	16	9	36
PHP	33	34	42	109
WSCC	7	6	6	19
Total number of determinations/redeterminations that met High NF LOC criteria	**43**	**43**	**43**	**129**
BCBSNM	9	9	3	21
PHP	28	30	34	92
WSCC	6	4	6	16
% of determinations/redeterminations that met High NF LOC criteria	**84%**	**77%**	**75%**	**79%**
BCBSNM	82%	56%	33%	58%
PHP	85%	88%	81%	84%
WSCC	86%	67%	100%	84%
Low NF Determinations	**July**	**Aug**	**Sept**	**DY8Q3**
Total number of determinations/redeterminations completed for Low NF LOC requests	**366**	**352**	**378**	**1096**
BCBSNM	87	88	127	302
PHP	230	224	208	662
WSCC	49	40	43	132
Total number of determinations/redeterminations that met Low NF LOC criteria	**356**	**339**	**361**	**1056**
BCBSNM	86	86	123	295
PHP	221	213	196	630
WSCC	49	40	42	131
% of determinations/redeterminations that met Low NF LOC criteria	**97%**	**96%**	**96%**	**96%**
BCBSNM	99%	98%	97%	98%
PHP	96%	95%	94%	95%
WSCC	100%	100%	98%	99%

Source: QY8 Q3 External Quality Review Organization (EQRO) Quarterly MCO NF LOC Determinations Report
Total percentage rows contain average percentages

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Table 22: MCO NF LOC Determinations – Community-Based

Community Based Determinations	July	Aug	Sept	DY8Q3
Total number of determinations/redeterminations completed	**2,331**	**2,246**	**2,074**	**6,651**
BCBSNM	635	620	623	1,878
PHP	1,545	1,438	1,292	4,275
WSCC	151	188	159	498
Total number of determinations/redeterminations that did not meet NF LOC criteria	**2,297**	**2,205**	**2,033**	**6,535**
BCBSNM	627	612	614	1,853
PHP	1,519	1,406	1,263	4,188
WSCC	151	187	156	494
% of determinations/redeterminations that did not meet NF LOC criteria	**99%**	**98%**	**98%**	**98%**
BCBSNM	99%	99%	99%	99%
PHP	98%	98%	98%	98%
WSCC	100%	99%	98%	99%

Source: DY8 Q3 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. 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

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

Source: DY8 Q1-Q3 EQRO NF LOC Report for CMS. Total percentage rows contain aggregate percentages.
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The aggregated Facility-Based High NF determinations percentage was 100% in DY8 Q3. The EQRO agreed with 100% of the determination assignments made by the MCOs. The aggregated Facility-Based Low NF determinations percentage was 100% in DY8 Q3. The EQRO agreed with 100% of the determination assignments made by the MCOs. Community-Based determinations was 100% in DY8 Q3. The EQRO agreed with 100% of the determination assignments made by the MCOs. HSD will continue to monitor the EQRO monthly and quarterly audits of MCO NF LOC determinations and identify and address any trends or significant changes. HSD will provide technical assistance as needed.

8
AI/ AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
BCBS	November 18, 2021 Virtual meeting	**Issue:** A provider informed BCBS staff that some of the Native American members are showing up in the BCBS system as Caucasian or other. What can be done to correct that? **Response:** One of the BCBS staff members recommended that the member contact HSD to request that it be changed and if it isn't, the member should contact the Tribal Liaisons at HSD/MAD to correct it. **Issue:** A member had a transportation concern about a request for an attendant to travel with them. However, the medical provider misplaced the paperwork for the request. **Response:** The transportation staff indicated the form is called a Certificate of Medical Necessity. If a member has difficulty getting it from their medical provider, let the MCO Tribal liaisons know. The transportation vendor can also accept an email from the medical provider.
PHP	December 15, 2021 Virtual meeting	**Issue:** A question was asked by a member stating their traditional healing ceremony is at the end of January 2022. Should they request the Traditional Medicine Benefit (TMB) in December 2021 or wait? **Response:** PHP responded that they should submit their TMB in 2022 for reimbursement. **Issue:** Member indicated she downloaded the My Chart application and was able to access her children's record but she was unable to view her child's insurance card in MyChart. **Response:** PHP informed member they will take this question back to the MyChart team and get back to the member with a response. **Issue:** Do the points for the baby bonus program add

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		up?
		Response: Yes, points add up and members can save their points. Points are awarded through Amazon. If the member does not want Amazon purchases, they can log on to the Centennial Care website to view other Centennial rewards that are being offered.
		Issue: My children reside with their father and are not getting their medical needs met. Can this be escalated to PHP for follow up?
		Response: The quality program manager at PHP informed mom that after 3 attempts (to reach father) by the provider office, the case is referred to the Community Health Worker team for follow up.
WSCC	November 10, 2021 Virtual meeting	**Issue:** How can a Fee-For-Service (FFS) member get information besides the Member Advisory Board Meeting to make a decision on selecting an MCO?
		Response: WSCC responded that the individual can call the WSCC member service number and ask for the Tribal Liaison Representative who can go over information with the individual to make an informed decision on whether to stay on FFS or select WSCC as their MCO.

MCO	Status of Contracting with MCOs
BCBS	BCBS remains open and willing to contract with any I/T/U provider. BCBSNM is currently working on the contracting process with the following providers: Tewa Roots Society and two behavioral health clinics under Navajo Nation.
PHP	Presbyterian Health Plan (PHP) Native American Affairs is currently

	reaching out to Tribes, Nations and Pueblos using telephone and virtual/online platforms to conduct communications and meetings. This has been successful in sustaining communications and efforts with several Tribal communities. PHP has active negotiations with the Pueblo of Picuris Health Center and Behavioral Health Program as well as Tewa Roots Society at Nambe Pueblo. Taos Pueblo Community Health and Wellness Home Visiting Program - Tiwa Babies is now live and Four Directions Treatment and Recovery Center in Mescalero is active.
WSCC	WSCC was able to assist the Pueblo of Picuris in submitting applications to become a Medicaid service and non-emergency medical transportation provider. Tribal Relations staff met serval times in person and virtually with Tewa roots at Nambe Pueblo to discuss the Participating Provider Agreement (PPA), conduct provider portal training and provide technical assistance with submitting documentation to become a Medicaid provider. WSCC responded to a request from Acoma Pueblo to provide a high-level presentation that described how to integrate Tribal programs to the Advisory Health Board.

9

ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Provider Directory
IMPLEMENTATION DATE:	3/1/21
COMPLETION DATE:	Open Item
ISSUES	**2020 Provider Directory Audit** 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.
RESOLUTION	BCBS is diligently working to add required information to the website and to improve the quality of the information. **Action Plan Timeframes** • Assign Network Regulatory Analyst (NRA) to manage action plan by 02/12. **Completed.** • Begin drafting action plan by 02/15. **Completed.** • Begin discovery phase by 02/22. **Completed.** • Anticipating discovery through Q2 2021. **Completed** • Strategy and solutioning through Q4 2021. **Completed** • Anticipating Umbrella Project: Print Directory Verification Enhancements remediation and closure by end of Q1 2022. HSD will continue to receive updates for BCBS's new Provider Directory platform. HSD is monitoring the progress of activities.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Noncompliance by Transportation Vendor
IMPLEMENTATION DATE:	3/26/21
COMPLETION DATE:	Open Item
ISSUES	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
RESOLUTION	Due to continued service level failures, the action plan remains open. 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% (Carenet must meet 3 consecutive months in order to close) **Closed** Member Satisfaction (90% or higher) = Failed: February, June, July, August, September A-Leg (90% of pickups within 15 min of scheduled appointment time) = Failed: February, March, April, May, June, July 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" 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. July 1, 2021: ModivCare and BCBS CC agreed with the findings and POA was implemented. 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. 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.

December 30, 2021: POA remains open with additional items added regarding lodging and provider no shows. ModivCare is meeting their service level call center metrics. Carenet has met the service level goal for the past 3 consecutive months of September-November 2021. Call Center Service Level failure to comply was closed in December 2021.

HSD receives bi-weekly updates and continues to carefully review the ModivCare remediation plan and their progress.

BLUE CROSS BLUE SHIELD	
ACTION PLAN	Provider Service Line
IMPLEMENTATION DATE:	12/24/21
COMPLETION DATE:	Closed
ISSUES	On Friday, December 24th, Christmas Eve, the BCBS call center was not able to receive calls from providers as required by the HSD contract. The issue was due to a form incorrectly completed (human error) when management updated the 2021 holiday schedule indicating the provider line would be closed to align with the Health Care Service Corporation (HCSC) corporate holiday schedule. This caused the closed message to be played inadvertently for providers instead of direct access to Customer Advocates who were available to take calls. Provider call impact was minimal.
RESOLUTION	BCBS is diligently working to add required information to the website and to improve the quality of the information. **Action Plan Timeframes** • Identified a more rigorous review process was needed by HCSC teams supporting NMCC, to ensure alignment on steps for each specific holiday that does not align with the corporate holiday schedule. **Completed** • The calendar review process now requires higher level sign-off by the Customer Service. BCBS confirms that the provider services line will be appropriately staffed and open Monday through Friday, except for the days outlined in section 4.11.2.3 of the NMCC Contract. Sign

off for their 2022 schedule has been **Completed.**
• Communication Improvement and Training: There was a break-down in the escalation process to engage the correct team for support and awareness of the issue on Christmas Eve. **Completed**
• Requested reporting enhancements to better distinguish call outcomes between self-service options and when providers "opt-out" for a customer advocate. **Completed**

HSD has reviewed and has advised BCBS of the closure of this action plan. This item will be removed on the next reporting.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	PHP
IMPLEMENTATION DATE:	3/1/2021
COMPLETION DATE:	In Progress
ISSUES	2020 Provider Directory Audit
RESOLUTION	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.
	7/6/21 – PHP's corrective action plan (CAP) is in progress. An update of the project plan was provided to the HSD Contract Manager.
	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.
	12/31/21 - PCP CAP is continuing to be reviewed monthly and is working on the system build and provider adoption.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Secure Transportation
IMPLEMENTATION DATE:	3/4/2021
COMPLETION DATE:	In Process
ISSUES	Improvement Plan – Network Adequacy
RESOLUTION	Secure Transportation (ST) was put on an improvement plan for the Network issues. Monthly meetings will be held between ST and PHP leadership to review issues/concerns. 9/13/2021 Update: Network concerns remained an issue for ST. PHP put ST on a corrective action plan (CAP) as the issues are not getting resolved timely. ST will provide updates monthly on efforts to improve the network, next update due in October 2021. 12/15/2021: ST CAP is being monitored monthly. ST added new providers to its network of additional drivers. PHP is working on increasing mileage reimbursement in-house and may consider subcontracting this work to ST to decrease (improve) its "unable to schedule rides" metric.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Versant Health (Vision)
IMPLEMENTATION DATE:	4/5/2021
COMPLETION DATE:	Closed
ISSUES	Annual Audit: Utilization Management & File Review
RESOLUTION	PHP is continuing to monitor the Utilization Management (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.

	12/15/2021: PHP reviewed Versant Health's UM file during the annual audit. PHP confirms that Versant is consistently meeting expectations and can close the CAP.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Foster-Adopted Parent Payee Issue Remediation Plan
IMPLEMENTATION DATE:	5/12/2021
COMPLETION DATE:	Closed
ISSUES	Foster/adoptive Parents Responsiveness
RESOLUTION	• 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.** • 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.** • PCSC is creating a unique phone number and email address for CYFD fosters parents to contact. – **Action has been completed.** • 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.** • All intakes, complex issues, and escalations will be referred to the CYFD specialty team for resolution and follow-up. – **Action has been completed.** • PCSC will work with the Analytics Organization to create a dashboard to monitor quality of service to CYFD foster/adopted parents. – **Action has been completed.**

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	Dentaquest
IMPLEMENTATION DATE:	5/13/2021
COMPLETION DATE:	In Process

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ISSUES	Improvement Plan – In Process
RESOLUTION	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. 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.

PRESBYTERIAN HEALTH PLAN	
ACTION PLAN	PHP 2019 EQRO Compliance Audit
IMPLEMENTATION DATE:	7/1/2021
COMPLETION DATE:	In Process – Based on Draft Report
ISSUES	Improvement Plan – In Process
RESOLUTION	PHP is implementing corrective actions on any item found in the audit that is less than "fully compliant."

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

ISSUES	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.
RESOLUTION	Five findings have been resolved. The remaining unresolved findings have been escalated to a Corrective Action Plan.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Non-compliance by Transportation Vendor
IMPLEMENTATION DATE:	3/16/2021
COMPLETION DATE:	Open Item
ISSUES	Corrective Action Plan (CAP) for the unresolved findings from the Transportation Vendor Quality Improvement Plan
RESOLUTION	One finding was resolved in Q2. Validation of the documentation submitted for the remaining findings occurred during Q3. WSCC determined that the transportation vendor, Secure Transportation (ST), did not meet the metrics for the validation of credentialing/recredentialling. Effective 9/1/21, WSCC is assessing a monthly financial penalty of 1% of the total monthly capitation or compensation amount paid to ST. ST will provide a driver universe every 90 calendar days for WSCC to validate ST's Credentialing/Recredentialing. The 1% penalty will continue until ST receives a compliance score of at least 90%. In Q4, ST submitted its driver universe. WSCC reviewed and requested additional information. That information and WSCC's re-review and scoring will occur in Q1 DY9.

WESTERN SKY COMMUNITY CARE	
ACTION PLAN	Provider Directory
IMPLEMENTATION DATE:	3/1/21
COMPLETION DATE:	Open Item
ISSUES	2020 Provider Directory Audit
RESOLUTION	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. Closure is anticipated early in DY9.

10
FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY8 Q4 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. In addition, data runout for CY 2021 will continue and the PMPMs will continue to change as expenditures come in (see Attachment B – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG). On Attachment B – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis indicates that DY7 is 13.5% below the budget neutrality limit (Table 7.5) through 8 quarters of payments. For DY8, Table 7.5 shows a 18.8% below the budget neutrality limit with preliminary data through four quarters.

11
MEMBER MONTH REPORTING

Member Months		2021
		4
MEG1	0-FFS	110,007
	Presbyterian	661,056
	Western Sky	124,029
	Blue Cross Blue Shield	430,010
	Total	1,325,102
MEG2	0-FFS	7,423
	Presbyterian	61,845
	Western Sky	11,074
	Blue Cross Blue Shield	36,819
	Total	117,161
MEG3	Presbyterian	67,042
	Western Sky	9,495
	Blue Cross Blue Shield	32,640
	Total	109,177
MEG4	0-FFS	560
	Presbyterian	331
	Western Sky	56
	Blue Cross Blue Shield	233
	Total	1,180
MEG5	Presbyterian	8,776
	Western Sky	1,556
	Blue Cross Blue Shield	6,750
	Total	17,082
MEG6	0-FFS	96,059
	Presbyterian	389,584
	Western Sky	96,843
	Blue Cross Blue Shield	305,714
	Total	888,200
MEG10	0-FFS	12
	Presbyterian	68
	Western Sky	5
	Blue Cross Blue Shield	60
	Total	145
MGX8	0-FFS	
	Presbyterian	184
	Western Sky	19
	Blue Cross Blue Shield	172
	Total	375
Total		2,458,422

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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 Q4, the reports submitted by MCOs for October, November and December were reviewed and analyzed to determine compliance with contractual requirements. HSD observed in Q4 PHP reported the second top primary member grievance code was Care Coordination. This is a change compared to previous quarters. Overall, for DY8, the Year-To-Date Total for Other Specialties was the second top primary member grievance per aggregate data. The table below is a summary of the quarterly data reported by the MCOs for DY8:

Table 24: Grievances Reported

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	408	345	460	536	460	59	57	52	41	688	833	951	909
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	302	133	206	267	197	19	23	18	19	336	412	501	518
Other Specialties	2	5	0	5	27	20	28	0	3	2	0	4	32	27	28	9
Variable Grievances	98	128	147	101	185	234	241	263	37	32	34	18	320	394	422	382

Source: MCO Report #37

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APPEALS

HSD receives a monthly Grievances and Appeals report from the MCOs. 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 Q4, the reports submitted by MCOs for October, November and December were reviewed and analyzed to determine compliance with contractual requirements. Due to an error in reporting, HSD has adjusted BCBS data in the top primary appeals for Denial in whole of a payment for a service and the Variable Appeals reported for Q3. The Q3 Total by Quarter includes those changes. The table below is a summary of the quarterly data reported by the MCOs for DY8:

Table 25: Appeals Reported

Appeals Reported (January - December 2021)																
APPEALS	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q1	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Standard Member Appeals	448	436	425	352	465	452	479	435	29	16	19	15	942	904	923	802
Number of Expedited Member Appeals	50	31	53	42	26	43	38	15	12	5	14	0	88	79	105	57
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	369	461	476	508	441	29	16	18	15	936	939	865	825
Denial in whole of a payment for a service	40	13	26	18	29	16	6	9	0	0	0	0	69	29	32	27
Variable Appeals	12	7	113	7	1	3	3	0	12	5	15	0	25	15	131	7

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

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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

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NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
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	12/15/2021	3:00 PM	Virtual Meeting

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
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			
MCO	**DATE**	**TIME**	**LOCATION**
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

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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			

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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

PUBLIC FORUM

During DY8, HSD held four Medicaid Advisory Committee (MAC) meetings and solicited public input and also provided information related to the following activities:

- 1115 Demonstration Waiver Amendment #2;
- Medicaid Budget and Enrollment Projections;
- HSD Strategic Planning Activities;
- New Mexico Legislative Session;
- Federal Legislation and impact on budget policy;
- End of the COVID-19 Public Health Emergency;
- COVID-19 Vaccine Efforts and guidance;
- Tribal 638/FQHC requirements;
- Centennial Rewards;
- MCO initiatives and community projects;
- HSD Dashboards;
- Postpartum Medicaid Extension;
- HCBS ARPA spend plan initiatives;
- Provider Rate Benchmarking;
- 988 Implementation Planning; and
- MMIS-R Project.

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Quality Assurance	
DY8 Activities	**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 Quality Bureau, Performance Measure Unit, Quarterly Quality Meeting (QQM) for DY8 Q4 was held on December 15, 2021. HSD presented the MCOs CY21 Q3 performance status, and comparison to the CY21 targets for each of the ten (10) Performance Measures (PMs). MCOs were informed all data presented was administrative data including the measures that allow hybrid reporting. In Q3, the MCO aggregate rates for PM6, PM7, PM8, and PM9 have exceeded the CY21 target for each respective measure; and six (6) PMs are performing below the CY21 target. However, the final determination of whether each MCO has met the HSD targets for CY21 is reliant on the CY21 annual audited HEDIS report. HSD also provided the MCO aggregated survey results of the CY20 CAHPS survey. Additionally, information on tracking measures relating to letter of direction (LOD) #33-1 were discussed in conjunction with HSD's expectation that MCOs are to no longer refresh data for the two previous quarters to reflect accurate data and prevent report rejection while also ensuring that a quality check is completed prior to submission to HSD. HSD provided guidance to the MCOs on the reporting methodology and expectations for Follow-up After Hospitalization for Mental Illness (FUH)/Follow-up After Emergency Department Visit for Mental Illness (FUM) monthly monitoring. Lastly, HSD presented status updates for the external quality review activities that occurred within the calendar year. **Consumer Assessment of Healthcare Providers and Systems (CAHPS)** The findings presented for the annual CAHPS survey represent the MCO aggregate results for members who were eligible and received health care services through Centennial Care in 2020. Included in the aggregate findings for measurement year (MY) 2020 are Blue Cross Blue Shield (BCBS), Presbyterian Health Plan (PHP), and Western

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Sky Community Care (WSCC). The survey results were presented for the adult, child, and children with chronic conditions (CCC) populations and were compared to the results from the MY2019 annual CAHPS report and to the MY2020 Quality Compass (QC) national averages. Results presented included:

Adult Ratings: Health Care, Personal Doctor, Specialist, and Health Plan. The results showed decreases from MY2019 to MY2020 for all four ratings, and the MCOs fell below the QC national average for all the ratings.

Child Ratings: Health Care, Personal Doctor, Specialist, and Health Plan. The results showed improvement from MY2019 to MY2020 for the rating of personal doctor and the rating of health care, and the MCOs exceeded the QC national average for the rating of personal doctor.

CCC Ratings: Health Care, Personal Doctor, Specialist, and Health Plan. The results showed decreases from MY2019 to MY2020 for all four ratings, and the MCOs fell below the QC national average for all the ratings.

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 Q4 of DY8, HSD reviewed and analyzed reports submitted in Q3 (July, August and September). HSD will report DY8 Q4 data in the DY9 Q1 submission of the CMS report.

The DY8 HSD target rate for FUH is 50.22% (CY21 Target). By M9, one MCO met the HSD established target. Throughout DY8, MCOs had the following average rates: BCBS 50.26%, PHP 50.60%, and WSCC 50.49%.

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The DY8 HSD target rate for FUM is 45.01% (CY21 Target). By M9, two MCOs exceeded the HSD established target. Throughout DY8 MCOs had the following average rates: BCBS 54.64%, PHP 63.80%, and WSCC 40.38%.

HSD will continue to receive monthly monitoring plans for FUH 30-day and FUM 30 day for the remainder of DY8.

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

BCBS
FUH: M7 50.53%; M9 50.07%: Decrease of 0.46 percentage points
Strategies and Interventions:
The Transition of Care (TOC) program outreach continued as designed through Q3 of DY8. In Q2, the BH Clinical Operations Leadership team conducted weekly meetings between BH Clinical Operations Leadership and TOC Staff to review workflow processes. The BH Clinical Operations Leadership met with Eastern NM and Mesilla Valley Hospital and provided education and reviewed opportunities to improve communication between facility staff and TOC staff to improve follow-up outcomes. 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. BCBS Provider Education Team continued working towards development of a new series of provider trainings, anticipated to go live in DY9.

FUM: M7 55.21%; M9 53.75%: Decrease of 1.46 percentage points
Strategies and Interventions:
BCBS continues to audit FUM cases to determine and ensure workflow accuracy. The BH Clinical Operations Team continues to meet one-on-one and conduct weekly team meetings with staff. BCBS Provider Education Team continued working towards development of a new series of provider trainings, anticipated to go live in DY9.

PHP
FUH: M7 50.30%; M9 50.76%: Increase of 0.46 percentage points
Strategies and Interventions:
Throughout September 2021, the Model Facility Incentive Program (MFIP), the Behavioral Health Quality Incentive Program (BQIP), and

the Provider Quality Incentive Program Wellness program (PQIP), continued to operate. The BH VBP manager and staff scheduled virtual meetings with seven MFIP providers to review Q2 scorecard results. The remaining six MFIP providers will be scheduled for meetings, also for the purpose of reviewing Q2 scorecard results, and identifying ways to improve FUH rates. The High Utilizer IP (In-Patient) Task team continued to meet through Q3 of DY8. This team, assigned to members who have a high inpatient admission rate, meets to strategize ways to provide continuity of care, reduce readmissions, and assist members in engaging with outpatient providers. There are currently 13 facilities participating in the Model Facility Incentive Program (MFIP). The targeted population for this intervention is inpatient acute psychiatric facilities. MFIP facilities receive quarterly scorecards which include FUH rates. This FUH rate is the percentage of patients who discharged from the specific MFIP facility and attended a follow-up appointment within 30 days of discharge.

FUM: M7 64.26%; M9 62.77%: Decrease of 1.49 percentage points
Strategies and Interventions:
PHP Consult Liaison Services targets members within seven (7) PHS delivery system emergency departments. Members who meet FUM technical specifications denominator criteria are routinely within the targeted population of PHP Consult Liaison Services. Members who have ED visits for mental illness are assigned Care Coordinators who complete follow-up outreach as indicated, based on pre-manage reports and Critical Incident Reports. 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 are 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. Through Consultant Liaison Services, 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.

WSCC

FUH: M7 51.02%; M9 49.62% Decrease of 1.40 percentage points
Strategies and Interventions:
WSCC BH Liaisons review a daily list of inpatient psychiatric discharges. The Liaisons work with discharge facilities on discharge planning and also 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 completes statewide telephonic outreach to WSCC 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 WSCC Behavioral Health Liaisons refer members to Teambuilders upon discharge. Additionally, WSCC members have access to Teladoc's telemedicine services. WSCC 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. WSCC is developing the Telehealth Behavioral Health Discharge Incentive Program with psychiatric hospitals serving their 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). WSCC is working to transition verbal agreements to signed contracts, with a goal of five (5) hospitals.

FUM: M7 39.53%; M9 41.86% Increase of 2.33 percentage points
Strategies and Interventions:
WSCC began using a newly developed intervention in Q3 of DY8, FUM Rapid Fax Program. It is designed to get notification to the member's PCP quickly for aftercare after the member has left the ED setting with a behavioral health diagnosis. The WSCC team utilizes the Interpreta platform to triage appropriate membership for this program and outreach to the member's assigned provider. The member-facing MPulse text messaging program is completing its second month in M9. If a member was recently discharged from the ED, they will be a candidate for these messages. The message will ask how they are doing and if they had a follow up visit with a doctor or nurse. Messages will also go through a symptom checker to make sure the member is doing well, along with a reminder to follow up with a doctor or nurse. WSCC's primary member-facing FUM intervention

for this 30-day measure is telephonic outreach to members with a recent ED visit. A behavioral health-focused team reaches out to members identified via a daily list of members discharged from NM hospital Emergency Departments (at least 3 outreach attempts). Call outcomes are tracked using a standard process and a Care Coordination tracking tool (TruCare). The outreach team can now refer a member directly to Teambuilders Behavioral Health of Santa Fe for an initial telephonic 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 provider-facing intervention is a pay-for-performance arrangement with ten (10) Behavioral Health (BH) provider groups covering 17 NM counties. Provider groups have been incorporating various strategies such as "open access" clinic hours for WSCC members, using a Treat First Approach to provide more access. The BH Value Based Payment (VBP) team has distributed the BH Provider Toolkit: A provider-facing "At-A-Glance" toolkit provides tips and best practice follow up strategies for all Behavioral Health measures. The two new provider-facing Provider Quality Liaisons have begun working directly with Primary Care Provider groups (both VBP and non-VBP) to improve HEDIS scores. The Corus Transition of Care program is another member intervention that includes FUM ED admissions/discharges. This TOC team outreaches directly to members at the time of discharge. Additionally, monthly JOCs include review of readmissions within thirty (30) days to assess what other needs members may have that are not being utilized by members.

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 quarterly reports that are 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. Q4 PM data will be received on January 20, 2022 and will be reported in the Q4 CMS Quarterly Monitoring Report:

The following PMs show results for DY8 Q1, Q2, and Q3 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%; Q3 56.66%: Increase of 7.67 percentage points from Q2 to Q3.
PHP Q1 28.71%; Q2 50.27%; Q3 51.09%: Increase of .82 percentage points from Q2 to Q3.
WSCC Q1 21.63%; Q2 32.92%; Q3 46.63%: Increase of 13.71 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 30.02%; Q2 Total 47.15%; Q3 Total 53.00%: Increase of 5.85 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: In DY8 Q3, BCBS's Quality Improvement Department held a total of 17 Joint Operating Committee (JOC) meetings with 13 separate VBP partners. BCBS provided updated attributed NM Centennial member gap lists to aid provider outreach efforts. In addition, Value Based Providers were supplied Covid-19 care gap lists for their attributed Centennial Care membership. To ensure accuracy of Primary Care Provider (PCP) assignment, reattribution took place in Q3, ensuring change to PCP assignment based on documented visits with a PCP, rather than the one currently assigned. Members were contacted telephonically to encourage parents/guardians to schedule and complete well child visits in the first 15 months of life.

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

program. In addition, staff are calling members who are part of the Prenatal Postpartum Care (PPC) measure to ensure they are aware of the program for their newborn. Calls are also made to guardians to offer assistance with both scheduling of appointments and transportation.

WSCC Intervention: In Q3, two Provider Quality Liaisons (PQL) were hired to work with providers to review scorecards and focus on specific measures, with W30 being one of them. These meetings are held either monthly or quarterly, providing member data and are coordinated with the Value Based Payment (VBP) team and VBP participating providers. The VBP providers are on a pay for performance contract, so there is an incentive (upside shared savings) for VBP providers to ensure WSCC members are being seen.

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%; Q3 19.70%: Increase of 3.88 percentage points from Q2 to Q3.
PHP Q1 4.01%; Q2 6.89%; Q3 10.53%: Increase of 3.64 percentage points from Q2 to Q3.
WSCC Q1 6.05%; Q2 10.51%; Q3 14.52%: Increase of 4.01 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 7.27%; Q2 Total 10.79%; Q3 Total 14.48%: Increase of 3.69 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: In DY8 Q3, monthly meetings were held with 13 providers. Primary Care Provider (PCP) assignment reattribution took place in Q3, ensuring change to PCP assignment based on documented visits with PCP, rather than the one currently assigned. BCBS has unbundled certain codes to allow claims to be submitted

for services during any outpatient visits to a PCP. Services associated with well visits, BMI percentile, and counseling for nutrition and physical activity, may now be billed during evaluation and management encounters. In Q3, BCBS shared innovational steps during the School-Based Health Center (SBHC) Partner's meeting, to address the barriers around counseling for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC). An incentive is being offered to providers who counsel children on the importance of physical activity during outpatient encounters. The incentive kicked off on July 1, 2021 and runs through December 31, 2021.

PHP Intervention: PHP continues to work with providers to ensure parents/guardians schedule needed preventative and well child visits. Performance Improvement staff continue to partner with provider representatives and office staff to ensure understanding of requirements and improved documentation of nutrition assessment and education. In addition, PHP continues to enhance administrative data collection to provide early documentation of compliance. PHP staff continue educating providers, and agencies statewide about telehealth and video visits.

WSCC Intervention: WSCC continued VBP provider meetings reviewing scorecards and care gap lists. In collaboration with participating providers, WSCC hosted back to school events, focusing on well care visits and physicals. An MPulse texting campaign has also been implemented to contact parents/guardians of members to remind them of their child's well visit, covering physical activity counseling. Medical record review has continued within Q3 to close gaps through supplemental data.

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%; Q3 57.95%: Decrease of 0.83 percentage points from Q2 to Q3.
PHP Q1 54.57%; Q2 55.51%; Q3 56.50%: Increase of 0.99 percentage points from Q2 to Q3.
WSCC Q1 48.48%; Q2 49.81%; Q3 51.09%: Increase of 1.28 percentage points from Q2 to Q3.

MCO Aggregate: Q1 Total 55.99%; Q2 Total 56.15%; Q3 Total 56.45%: Increase of 0.30 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: BCBS continued meetings in DY8 Q3 providing scorecard reviews with 13 providers. Value Based Providers were supplied Covid-19 gap-in-care lists for their attributed Centennial Care membership. PCP assignment reattribution took place in Q3 ensuring change to PCP assignment based on documented visits with a PCP, rather than the one currently assigned. Implementation of a social media video was released advising Prenatal and Postpartum members to get care. Special Beginnings Maternity Care Coordination Programs continued in Q3. As part of the program, member outreach calls and risk assignment for care coordination, online educational tools and YoMingo an online educational platform were provided. In addition, Centennial Home Visiting referrals were made to contracted providers. Member and provider educational and informational newsletter articles centering around the prenatal measure were created.

PHP Intervention: PHP continues to work with community agencies to inform members of the Baby Benefits reward program, along with advertising rewards programs to encourage members to be compliant with prenatal care. PHP also continues efforts on improving Clinical Data Information feeds and electronic access to medical records to allow identification of service closer to dates of service.

WSCC Intervention: In DY8 Q3, an MPulse Texting campaign continued and will run until the end of the year, sending members reminders about prenatal appointments, as well as a direct link for members to download the Pacify application providing a free enrollment code to use as a WSCC member. Pacify is an application that the member can use 24/7 with assistance to lactation specialists and used to answer questions through a Nurse line that is provided. Start Smart for Baby (SSFB) continues to be used for all expecting mothers. In Q3, this program allows members opportunities to learn about the different benefits like baby showers, Pacify, and setting up scheduled visits with their provider. It is designed to customize the support and care a mother will need for a healthy pregnancy and baby.

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.

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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%; Q3 47.51%: Decrease of .08 percentage points from Q2 to Q3.
PHP Q1 45.54%; Q2 51.68%; Q3 54.11%: Increase of 2.43 percentage points from Q2 to Q3.
WSCC Q1 32.17%; Q2 38.39%; Q3 43.86%: Increase of 5.47 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 43.33%; Q2 Total 48.76%; Q3 Total 50.54%: Increase of 1.78 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: BCBS's quality team continues to facilitate provider engagement meetings and the use of scorecards to identify member gaps for the Timeliness of Prenatal Care HEDIS measure. BCBS implemented a social media video advising moms to get prenatal and postpartum care. In addition, ongoing member outreach calls by a Quality Management Specialist were made, encouraging attendance and education of the importance of the postpartum visit.

PHP Intervention: PHP continues to collaborate with internal and external programs to educate members on Parental Rewards program and Baby Benefits program, which provides future mothers with additional resources to assist and encourage mother to be compliant with prenatal care. In addition, PHP continues efforts to improve Clinical Data Information feeds and electronic access to medical records to allow identification of service closer to dates of service.

WSCC Intervention: In Q3, WSCC launched an MPulse texting campaign to assist mothers with reminders to make postpartum appointments. The text also provides a direct link to Pacify, a lactation consulting application the mother can use free of charge as a WSCC member. The Q3 MPulse texting campaign has increased outreach allowing for quick access to WSCC Customer Service or the ability for a member to ask a question. WSCC monitors responses to determine if additional supports are needed, dependent on what response is received from the member. The Start Smart for Your Baby (SSFB) is a program to inform new mothers of the steps they

need to take when it comes to postpartum appointments, and informs them of the resources they can take part in. The SSFB team conducts outreach so the new mother can get the services and support that is needed within their community, in order to prepare them to navigate for their own care and resources.

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%; Q3 60.11%: Increase of 2.1 percentage points from Q2 to Q3.
PHP Q1 54.24%; Q2 62.02%; Q3 62.47%: Increase of .45 percentage points from Q2 to Q3.
WSCC Q1 34.54%; Q2 47.68%; Q3 50.92%: Increase of 3.24 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 50.71%; Q2 Total 57.94%; Q3 Total 60.13%: Increase of 2.19 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: Members were contacted telephonically to encourage parents/guardians to complete immunizations as needed. Assistance in scheduling an appointment was also offered to members. In addition, Value Based Providers were supplied Covid-19 care gap lists for their attributed Centennial Care membership. BCBS collaborates with the New Mexico Immunization Coalition each year for its "Got Shots" 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 where higher than the two preceding years.

PHP Intervention: PHP increased collaboration with New Mexico

Community Wellness Coalition, SBHC's and public health agencies to improve efforts and engage members to complete immunizations to satisfy this measure. PHP continues to reach out to members through mail, phone calls, provider notifications and in-person events.

WSCC Intervention: In Q3, WSCC worked with the New Mexico Immunization Coalition on the "Got Shots" campaign. This campaign was an effort to get children immunized for the year. WSCC also hosted multiple immunization clinics throughout the State for all ages. WSCC continues to provide VBP provider meetings to review care gap lists and share best practices for a concentrated focus on getting members scheduled for visits.

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%; Q3 39.38%: Increase of 5.22 percentage points from Q2 to Q3.
PHP Q1 46.24%; Q2 45.10%; Q3 44.93%: Decrease of .17 percentage points from Q2 to Q3.
WSCC Q1 26.68%; Q2 33.36%; Q3 40.56%: Increase of 7.2 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 33.18%; Q2 Total 38.27%; Q3 Total 42.06%: Increase of 3.79 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: A provider education webinar is scheduled to take place in DY8 Q4. This webinar will include AMM and will offer Continuing Medical Education/Continuing Education Unit (CME/CEU) credit to providers. An email blast was sent to providers in Q3 to educate them about the AMM measure. Planning began in Q3 for another provider education webinar series for 2022 that will include AMM. Pharmacy staff continues to be available to speak to members regarding questions about their prescriptions if requested. Care Coordination continues to outreach members with reminders to refill their antidepressant medication.

PHP Intervention: Interventions aimed at improving AMM

performance that occurred in DY8 Q3 included the incentivization of AMM and depression screening codes as part of the Provider Quality Incentive Program. In Q3, a depression screening educational presentation was delivered to the Provider Education Conference (PEC). There were approximately 73 providers/provider groups in attendance. Also, Care Coordinators with a large percentage of members with a primary BH diagnosis attended a presentation with updated Quality Improvement initiatives, including depression screening rates and how to support members diagnosed with depression. A depression educational brochure for members received final approval in the revision process in Q3. Brochures will be mailed to select groups of members in Q4. In Q3, all outpatient BH providers participating in a Treatment Record Review were provided with education of all HEDIS measures, including AMM.

WSCC Intervention: In DY8 Q3, the WSCC Pharmacy team identified members with time left in the AMM measure, identified which members had no antidepressant refills remaining on their prescription and outreached to pharmacies to monitor whether prescriptions are current. This includes requesting 90-day fills when a member appears to be a candidate. WSCC's pharmacy partner, Envolve, has a Clinical Pharmacist Medication Therapy Management telephonic outreach program that targets newly diagnosed AMM members. The intervention includes education and referral back to the prescribing provider when necessary. Western Sky also offers a Behavioral Health Disease Management (BH DM) program staffed locally by a WSCC Health Coach, a Registered Nurse. The BH DM Health Coach reaches out to members telephonically about their anti-depressant prescriptions and educates, shares local resources and coordinates care. Members are contacted and advised to complete the PHQ-9 depression assessment at least monthly. Enrollees in the program work on self-care goals. They are also invited to participate in the online MyStrength disease management program, which encourages members to develop long-term management of and engagement in care.

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%; Q3 41.88%: Increase of .70

percentage points from Q2 to Q3.
PHP Q1 42.46% Q2 49.43%; Q3 49.56%: Increase of .13 percentage points from Q2 to Q3.
WSCC Q1 42.38%; Q2 43.21%; Q3 45.01%: Increase of 1.80 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 40.93%; Q2 Total 45.77%; Q3 Total 46.22%: Increase of .45 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: In DY8 Q3, a provider education webinar took place on Opioid Use Disorder that offered providers CME/CEU credit. A member flier on the importance of seeking professional treatment for substance use disorders was distributed to members and providers in Q3. The Reserved Appointment Initiative continued in Q3, along with continued assistance for members with scheduling follow-up appointments from Recovery Support Assistant (RSA) staff. A provider incentive for IET began in Q3, which provided enhanced payment for follow-up appointments scheduled within 14 days. Planning also began in Q3 for the 2022 provider education webinar series that will include IET.

PHP Intervention: The interventions aimed at Alcohol and Other Drug (AOD) treatment in DY8 Q3 included incentivization of IET Initiation appointments as part of the Provider Quality Incentive Program (PQIP). Incentivization of IET engagement appointments as part of the Behavioral Health Quality Incentive Program (BQIP) also continued in Q3. In Q3, Care Coordinators with a large percentage of members with a primary BH diagnosis attended a presentation with updated Quality Improvement initiatives, including IET and how to support members who fall into this metric. Member outreach for members within the IET measure continued in Q3. PHP uses an internal Pre-Manage report to monitor members who were in the ED for AOD use and a Community Health Worker (CHW) is notified for immediate engagement with the member. When engagement with the member was successful, the CHW completed the Healthy Lifestyles Questionnaire to assess the member's needs and refer the member to the appropriate level of care.

WSCC Intervention: In DY8 Q3, WSCC began development of a member incentive program for IET, modeled after the Follow-Up After Hospitalization for Mental Illness (FUH) gift card program, with the goal of beginning in early Q4. This program will utilize an infrastructure already built out by the Member Connections (MC) team. The MC outreach team increased the number of members they outreached to in Q3 as well as continued refinement of their

process. This includes assessing and mitigating barriers, assisting with scheduling and rescheduling appointments, as well as finding needed resources within the plan or externally. The team is continuing use of Interpreta, a HEDIS engine with nightly claims refresh, to determine appropriate membership for outreach. 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. An intervention started in Q3 was provider outreach for gap closure by the Provider Quality Liaisons (PQLs). The PQLs are focused on developing a relationship with providers for strictly quality-related topics, such as HEDIS gap closure. The intervention for IET includes the PQLs working with providers to develop a process for meeting goals for timely follow-up after a Substance Use Disorder (SUD) diagnosis.

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%; Q3 50.07%: Decrease of 1.40 percentage points from Q2 to Q3.
PHP Q1 46.54%; Q2 51.76%; Q3 51.45%: Decrease of .31 percentage points from Q2 to Q3.
WSCC Q1 36.50%; Q2 47.67%; Q3 49.62%: Increase of 1.95 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 45.09%; Q2 Total 51.16%; Q3 Total 50.71%: Decrease of .45 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: BCBS interventions continued in DY8 Q3, including the Reserved Appointments Initiative, the Facility Incentive Program, and the Outpatient Incentive Program. Member outreach by Transition of Care (TOC) staff also continued in Q3. In addition to continuing current interventions in Q3, planning began for the next provider education webinar series for 2022, which will include the FUH measure.

PHP Intervention: The following activities aimed at increasing follow-up appointments occurred in DY8 Q3. A Behavioral Health Provider Town Hall was held in Q3 with the main education topic of prior authorizations (including BH hospitalizations). In Q3, Care

Coordinators with a large percentage of members with a primary BH diagnosis attended a presentation with updated Quality Improvement initiatives, including FUH and how to support members who fall into this metric. All VBP programs continued in Q3, including the Model Facility Incentive Program (MFIP) for inpatient acute psychiatric facilities/units, the BH Quality Incentive Program (BQIP) for outpatient behavioral health providers, and the Provider Quality Incentive Program (PQIP) for physical health providers. A new FUH appointment strategy was initiated in Q3, in which inpatient rostered masters-level or higher providers are reimbursed for completing telehealth FUH appointments between days 2-7 post-discharge.

WSCC Intervention: The WSCC BH Services team continued to focus on increasing Teambuilders telehealth assessment referrals. Teambuilders provides monthly outreach and completion reports, which is monitored for program effectiveness by the BH Services and Quality teams. WSCC Customer Service staff have been fully trained to educate members on accessing telehealth services via Teledoc. The team continues to work through the intricacies of members signing Release of Information in order to be in compliance with 42 CFR. The team is also exploring the possibility of modifying the FUH gift card program to work more closely with the Teambuilders program. One of the goals being to supplement Teambuilders BH referrals for rapid FUH follow-up assessments. The outreach team refers members 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. Verbal feedback from team members' conversations with members indicates that the gift card is a motivating factor. Gift card distribution continued through Q3. An intervention started in Q3 was provider outreach for gap closure by the Provider Quality Liaisons (PQLs). The PQLs are focused on developing a relationship with providers for strictly quality-related topics, such as HEDIS gap closure. The intervention for FUH includes the PQLs working with providers to develop a process for meeting goals for timely follow-up after an inpatient hospitalization with a BH diagnosis.

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%; Q3 53.75%: Decrease of 2.04 percentage points from Q2 to Q3.
PHP Q1 62.79%; Q2 65.92%; Q3 63.41%: Decrease of 2.51 percentage points from Q2 to Q3.
WSCC Q1 30.38%; Q2 36.50%; Q3 41.86%: Increase of 5.36 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 52.74%; Q2 Total 59.01%; Q3 Total 57.47%: Decrease of 1.54 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: BCBS's Transition of Care (TOC) staff and Recovery Support Assistant (RSA) staff continued to use the EDIE system to conduct member outreach in DY8 Q3. Provider education webinars that include FUM and the importance of follow-up appointments and strategies for coordinating care have occurred and will continue in future quarters.

PHP Intervention: The following interventions aimed at improving FUM 30-day follow-up care occurred in DY8 Q3. Presbyterian Healthcare Services (PHS) Consult Liaison Services provided 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. In Q3, Care Coordinators with a large percentage of members with a primary diagnosis of a behavioral health condition received an updated HEDIS-centered educational presentation including the FUM metric and how to support members who fall into this metric. Care Coordinators continue to routinely assess members who were in the Emergency Department, as part of daily Critical Incident operations. Additionally, the Centennial Care Provider Newsletter article encouraged enrollment into the PQIP Wellness program and interested practitioners are provided with educational materials about the FUM metric. All outpatient BH providers participating in a Treatment Record Review were provided with an educational handout of all HEDIS measures, including FUM in Q3.

WSCC Intervention: In DY8 Q3, WSCC began development of a member incentive program for FUM, modeled after the FUH gift card program, with the goal of beginning in early Q4. This program utilizes an infrastructure already built out by the Member Connections (MC) team. One of the goals of the gift card program is to supplement Teambuilders BH referrals for rapid FUM follow-up assessments. The

MC outreach team refers members directly to Teambuilders Behavioral Health of Santa Fe for a telephonic initial assessment. This telephonic visit is an initial stage for transitioning a member toward more routine, or community-based behavioral health treatment. The MC outreach team increased the number of members they outreached to in Q3 as well as continued refinement of their process. This includes assessing and mitigating barriers, assisting with scheduling and rescheduling appointments, as well as finding needed resources within the plan or externally. The team is continuing use of Interpreta, a HEDIS engine with nightly claims refresh, to determine appropriate membership for outreach. Additionally, the team refined intervention efforts, one focus-criteria being those members who do not appear to be engaging with an outpatient provider for FUM related issues. An additional intervention started in Q3 is provider outreach for gap closure by the Provider Quality Liaisons (PQLs). The PQLs are focused on developing a relationship with providers for strictly Quality related topics, such as HEDIS gap closure. The intervention for FUM includes the PQLs working with providers to develop a process for meeting goals for timely follow-up after visiting the ED with a BH diagnosis.

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%; Q3 69.36%: Increase of 10.28 percentage points from Q2 to Q3.
PHP Q1 41.78%; Q2 61.93%; Q3 71.25%: Increase of 9.32 percentage points from Q2 to Q3.
WSCC Q1 35.74%; Q2 55.79%; Q3 64.85%: Increase of 9.06 percentage points from Q2 to Q3.
MCO Aggregate: Q1 Total 39.86%; Q2 Total 60.28%; Q3 Total 69.93%: Increase of 9.65 percentage points from Q2 to Q3.

MCO Strategies and Interventions:
BCBS Intervention: In DY8 Q3, Care Coordinators continued to outreach members to offer an in-home diabetes test kit. BCBS BH Quality staff have been attending provider network meetings to educate providers about the SSD measure, offer gap lists so providers can outreach members who still require a diabetes screening, and to inform providers that in-home test kits can be sent

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to members who may be reluctant to go to their provider's office for diabetes screening. Pharmacy staff resumed faxing letters to providers in Q3 reminding them of the importance of diabetes screening for members who are prescribed antipsychotic medications. A provider education webinar that will include SSD will take place in Q4 and will offer continuing education credit to providers.

PHP Intervention: In DY8 Q3, the QI team continued work on the abstraction project for SSD member records. Care gap lists are cross referenced with inpatient hospitalization records in an effort to secure lab results that likely took place during inpatient hospitalization. In Q3, peer to peer outreach calls were conducted by the BH medical director to the top five (5) prescribers with large numbers of members not meeting metabolic monitoring requirements. BH care gap lists were used to generate a report of prescribers with members who have yet to complete metabolic monitoring. Address verification was completed in Q3 for over 250 providers and letters alerting the prescriber of which members still need lab testing in CY 2021 are expected to be mailed in Q4. In Q3, Care Coordinators with a large percentage of members with a primary diagnosis of a behavioral health condition received an updated HEDIS-centered educational presentation including the SSD metric and how to support members who fall into this metric.

WSCC Intervention: In Q3, the WSCC team developed and began implementing plans for a year-end push. The team has been working to improve the exchange of data with TriCore, which should include members who have an appropriate metabolic test for the SSD measure. A group of BH VBP providers who regularly meet with Western Sky were also engaged to help get metabolic monitoring tests to the SSD population of members within this BH group's panels. The WSCC BH Medical Director conducted outreach to provider prescribers for these members. Additionally, these member lists were provided to the providers.

Tracking Measures (TMs)
HSD requires the MCOs to submit quarterly reports for the Tracking Measures listed in the MCO contract. 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, Q2, and Q3 reporting:

TM #1 – Fall Risk Management
The percentage of Medicaid Members sixty-five (65) years of age and older with an outpatient visit with a diagnosis of a fall or problems with balance/walking and were screened by a practitioner for fall risk on the date of the diagnosis. An increase in percentage indicates improvement for this measure.

BCBS Q1 0.06%; Q2 0.05%; Q3 0.02%: Decrease of 0.03 percentage points from Q2 to Q3
PHP Q1 4.37%; Q2 4.25%; Q3 3.72%: Decrease of 0.53 percentage points from Q2 to Q3
WSCC Q1 0.23%; Q2 0.30%; Q3 1.04%: Increase of 0.74 percentage points from Q2 to Q3
MCO Aggregate: Q1 Total 1.16%; Q2 Total 1.15%; Q3 Total 1.04%: Decrease of 0.11 percentage points from Q2 to Q3

MCO Interventions:
BCBS Intervention: BCBS will need to educate its clinicians to perform the risk assessment. BCBS will look to see if there is a cohort of clinicians BCBS could target for education about the fall risk assessments and how to capture them if they are not being coded.

PHP Intervention: As part of the Care Coordination process, members are assessed to evaluate them for fall risk and risks are addressed in the member's care plan and interventions (including Long-Term Support Services, Durable Medical Equipment, Physical Therapy, and Occupational Therapy) are implemented to reduce fall risk.

WSCC Intervention: WSCC utilizes a multidisciplinary team that includes Medical Management, Disease Management, Care Coordination, and population health to improve performance for members with falls.

TM #2 – Diabetes Short-Term Complications Admission Rate
Number of inpatient hospital admissions for diabetes short-term complications per 100,000 enrollee months for Medicaid enrollees ages eighteen (18) and older. Reported as a rate per 100,000

member months. A lower rate indicates improvement for this measure.

BCBS Q1 16.72; Q2 21.45; Q3 20.73: Improvement of 0.72 per 100,000 member months from Q2 to Q3
PHP Q1 13.17; Q2 15.31; Q3 15.90: Decline in performance of 0.59 per 100,000 member months from Q2 to Q3
WSCC Q1 2.03; Q2 5.30; Q3 10.21: Decline in performance of 4.91 per 100,000 member months from Q2 to Q3
MCO Aggregate: Q1 Total 13.22; Q2 Total 16.41; Q3 Total 17.01: Decline in performance of 0.60 per 100,000 member months from Q2 to Q3

MCO Interventions:
BCBS Intervention: Added emphasis on members diagnosed with diabetes regarding diabetes management and deployment of strategic interventions (i.e., CareNet outward bound telephonic outreach) that add to the overall awareness of the state of diabetes within New Mexico.

PHP Intervention: Outbound phone attempts continue through the Care Coordination and Quality departments, with Q3 having 89% of the diabetes diagnosed care coordinated members were contacted.

WSCC Intervention: WSCC continues to work with members and providers to improve COVID-19 vaccination rates for members, which can potentially have a positive impact on hospitalizations for diabetic patients.

TM #3 – Screening for Clinical Depression
Percentage of Medicaid enrollees ages eighteen (18) and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen. An increase in percentage indicates improvement for this measure.

BCBS Q1 0.41%; Q2 0.77%; Q3 1.02%: Increase of 0.25 percentage points from Q2 to Q3
PHP Q1 0.60%; Q2 1.10%; Q3 1.46%: Increase of 0.36 percentage points from Q2 to Q3
WSCC Q1 0.53%; Q2 0.73%; Q3 0.98%: Increase of 0.25 percentage

points from Q2 to Q3
MCO Aggregate: Q1 Total 0.53%; Q2 Total 0.96%; Q3 Total 1.28%: Increase of 0.32 percentage points from Q2 to Q3

MCO Interventions:
BCBS Intervention: Care Coordinators outreach to members with a positive depression screening to ensure they have appropriate follow-up care.

PHP Intervention: Care Coordinators with a large percentage of members with a primary behavioral health (BH) diagnosis attended a presentation with updated Quality Improvement initiatives, including depression screening rates and how to support members diagnosed with depression.

WSCC Intervention: WSCC continued to promote the provider per-assessment incentive for non-BH providers to complete PHQ-9s and BH referrals for WSCC members.

TM #4 – Follow-up after Hospitalization for Mental Illness
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. An increase in rate indicates improvement for this measure.

BCBS Q1 42.96%; Q2 46.45%; Q3 39.52%: Decrease of 6.93percentage points from Q2 to Q3
PHP Q1 35.83%; Q2 38.17%; Q3 38.44%: Increase of 0.27 percentage points from Q2 to Q3
WSCC Q1 33.33%; Q2 40.84%; Q3 42.49%: Increase of 1.65 percentage points from Q2 to Q3
MCO Aggregate: Q1 Total 37.94%; Q2 Total 41.48%; Q3 Total 39.30%: Decrease of 2.18 percentage points from Q2 to Q3

MCO Interventions
BCBS Intervention: The Reserved Appointments Initiative, the Facility Incentive Program, and the Outpatient Incentive Program were all continued in DY8 Q3, along with continued phone outreach to members by Transition of Care (TOC) coordinators.

PHP Intervention: A new FUH appointment strategy was initiated in DY8 Q3 in which inpatient rostered masters-level or higher providers are reimbursed for completing telehealth FUH appointments between

days 2-7 post-discharge.

WSCC Intervention: An FUH intervention started in Q3 is provider outreach for gap closure by the Provider Quality Liaisons (PQLs) which includes the PQLs working with providers to develop a process for meeting goals for timely follow-up after an inpatient hospitalization with a BH diagnosis.

TM #5 – Immunizations for Adolescents (IMA)
The percentage of adolescents thirteen (13) years of age who had one (1) dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday. An increase in percentage indicates improvement for this measure.

BCBS Q1 60.07%; Q2 76.20%; Q3 80.88%: Increase of 4.68 percentage points from Q2 to Q3
PHP Q1 70.74%; Q2 73.26%; Q3 77.67%: Increase of 4.41 percentage points from Q2 to Q3
WSCC Q1 62.07%; Q2 68.36%; Q3 73.14%: Increase of 4.78 percentage points from Q2 to Q3
MCO Aggregate: Q1 Total 66.50%; Q2 Total 73.69%; Q3 Total 78.22%: Increase of 4.53 percentage points from Q2 to Q3

MCO Interventions:
BCBS Intervention: Collaborates with NM Immunization Coalition for its "Got Shots" 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.

PHP Intervention: Continues the standard interventions of phone calls to members to encourage completion of required immunizations.

WSCC Intervention: WSCC hosted Back to School immunization events throughout New Mexico to provide immunizations for all children but focusing on school aged children.

TM #6 – Long-Acting Reversible Contraceptive (LARC)
Utilization of Long-Acting Reversible Contraceptives. The contractor shall report LARC insertion/utilization data for this measure.

BCBS Q1 183; Q2 438; Q3 637
PHP Q1 350; Q2 697; Q3 1,015
WSCC Q1 77; Q2 112; Q3 181

MCO Aggregate: Q1 Total 610; Q2 Total 1,247; Q3 Total 1,833

TM #7 – Smoking Cessation
The MCO shall report the number of successful quit attempts. The MCO shall monitor the use of smoking cessation products and counseling utilization. Total number of unduplicated Members receiving smoking and tobacco cessation products/services.

BCBS Q1 1,201; Q2 2,139; Q3 2,826
PHP Q1 1,886; Q2 3,547; Q3 4,674
WSCC Q1 326; Q2 674; Q3 958
MCO Aggregate: Q1 Total 3,413; Q2 Total 6,360; Q3 Total 8,458

MCO Interventions:
BCBS Intervention: Will add the first true generic of Chantix and will leave the Apotex Varenicline on the formulary until pharmacies have the new generic in stock.

PHP Intervention: Continue to advertise and offer help to members seeking assistance with stopping smoking.

WSCC Intervention: The social media campaign used to drive member awareness includes tailored messages for the Facebook, Instagram, and LinkedIn platforms.

TM #8 – Ambulatory Care Outpatient Visits
Utilization of outpatient visits reported as a rate per 1,000 member months. An increase in rate indicates improvement for this measure.

BCBS Q1 64.14; Q2 147.03; Q3 232.18: Increase of 85.15 from Q2 to Q3
PHP Q1 59.35; Q2 134.89; Q3 215.48: Increase of 80.59 from Q2 to Q3
WSCC Q1 29.31; Q2 96.43; Q3 162.73: Increase of 66.30 from Q2 to Q3
MCO Aggregate: Q1 Total 57.83; Q2 Total 135.06; Q3 Total 215.70: Increase of 80.64 from Q2 to Q3

MCO Interventions:
BCBS Intervention: Partnering with MDLIVE to provide additional access to services and to increase utilization of telehealth services.

PHP Intervention: Working toward ensuring members obtain care at

the appropriate level of service and that they work towards maintenance of health through care visits.

WSCC Intervention: Providing member outreach, education, and support to improve access to care, ensuring the best outcomes for members.

TM #8 – Ambulatory Care Emergency Department Visits
Utilization of emergency department (ED) visits reported as a rate per 1,000 member months. A lower rate indicates improvement for this measure.

BCBS Q1 7.24; Q2 16.88; Q3 27.95: Decline in performance of 11.07 per 1,000 member months from Q2 to Q3
PHP Q1 6.73; Q2 15.90; Q3 26.22: Decline in performance of 10.32 per 1,000 member months from Q2 to Q3
WSCC Q1 4.03; Q2 13.18; Q3 23.33: Decline in performance of 10.15 per 1,000 member months from Q2 to Q3
MCO Aggregate: Q1 Total 6.62; Q2 Total 15.96; Q3 Total 26.52: Decline in performance of 10.56 per 1,000 member months from Q2 to Q3

MCO Interventions:
BCBS Intervention: The Transition of Care (TOC) team continues to monitor and assess gaps in care in order to reduce ED utilization.

PHP Intervention: Works toward ensuring members obtain care at the appropriate level of service and that they work towards maintenance of health through care visits.

WSCC Intervention: WSCC utilizes Collective Medical for reporting and notifications when members present to the ED, which allows Health Plans to view member utilization from various participating hospitals and view the details of the member's ED visit, recommendations upon discharge, interventions and care plans completed by providers.

TM #9 – Annual Dental Visit (ADV)
The percentage of enrolled Members ages two (2) to twenty (20) years who had at least one (1) dental visit during the measurement year. An increase in percentage indicates improvement for this measure.

BCBS Q1 19.17%; Q2 37.46%; Q3 37.61%: Increase of 0.15 percentage points from Q2 to Q3
PHP Q1 21.17%; Q2 38.79%; Q3 50.44%: Increase of 11.65 percentage points from Q2 to Q3
WSCC Q1 9.23%; Q2 30.37%; Q3 43.66%: Increase of 13.29 percentage points from Q2 to Q3
MCO Aggregate: Q1 Total 19.27%; Q2 Total 37.48%; Q3 Total 45.42%: Increase of 7.94 percentage points from Q2 to Q3

MCO Interventions:
BCBS Intervention: Campaign Manager Program provided by Member Services, informed parent/guardians of current members ages 2-20 about the dental benefit, the importance of dental care, and encouraging a dental visit.

PHP Intervention: Communicating the need for ADV with frontline workers, community health workers, home visitors and case managers. Contacting members with gaps and focus on increased mailings to members in need.

WSCC Intervention: The Provider Quality Liaisons (PQL) team educated providers about the required annual dental visit that the Education Department put in place in 2021.

TM #10 – Controlling High Blood Pressure (CBP)
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. An increase in percentage indicates improvement for this measure.

BCBS Q1 3.10%; Q2 7.20%; Q3 11.50%: Increase of 4.30 percentage points from Q2 to Q3
PHP Q1 8.77%; Q2 20.25%; Q3 25.15: Increase of 4.90 percentage points from Q2 to Q3
WSCC Q1 0.83%; Q2 2.94%; Q3 8.03%: Increase of 5.09 percentage points from Q2 to Q3
MCO Aggregate: Q1 Total 5.79%; Q2 Total 13.52%; Q3 Total 18.15%: Increase of 4.63 percentage points from Q2 to Q3

MCO Interventions:
BCBS Intervention: The Summer issue of the member newsletter, Blue for Your Health, included an article titled A Healthy Weight Can

Be Yours, which helped inform members of the importance of seeing a provider for blood pressure screening and care.

PHP Intervention: Staff works with providers to include appropriate documentation of blood pressures within the medical records.

WSCC Intervention: Outreach to providers that includes pay for performance gaps in care lists, tips on how to complete this measure, and information on which members would qualify for the targeted measures.

TM #11 – Follow-Up Care for Children Prescribed ADHD Medication (ADD)
The percentage of members ages six (6) to twelve (12) newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Initiation Phase. An increase in rate indicates improvement for this measure.

BCBS Q1 39.66%; Q2 39.93%; Q3 39.83%: Decrease of 0.10 percentage points from Q2 to Q3
PHP Q1 25.80%; Q2 26.40%; Q3 26.44%: Increase of 0.04 percentage points from Q2 to Q3
WSCC Q1 34.12%; Q2 33.96%; Q3 35.38%: Increase of 1.42 percentage points from Q2 to Q3
MCO Aggregate: Q1 Total 31.46%; Q2 Total 31.88%; Q3 Total 32.01%: Increase of 0.13 percentage points from Q2 to Q3

MCO Interventions:
BCBS Intervention: A provider tip sheet was developed to be distributed to providers for education about this measure.

PHP Intervention: Care Coordinators with a large percentage of members with a primary BH diagnosis have attended two (2) presentations in CY 2021 discussing Quality Improvement initiatives, including ADD and how to support members who fall into this metric.

WSCC Intervention: Encouraged providers to use the NM Prescription Monitoring Program database when prescribing controlled medications.

TM #11 – Follow-Up Care for Children Prescribed ADHD Medication (ADD)

The percentage of members ages six (6) to twelve (12) newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Continuation and Maintenance Phase. An increase in percentage indicates improvement for this measure.

BCBS Q1 59.70%; Q2 58.68%; Q3 56.25%: Decrease of 2.43 percentage points from Q2 to Q3
PHP Q1 30.33%; Q2 33.17%; Q3 30.71%: Decrease of 2.46 percentage points from Q2 to Q3
WSCC Q1 57.14%; Q2 53.85%; Q3 42.11%: Decrease of 11.74 percentage points from Q2 to Q3
MCO Aggregate: Q1 Total 40.74%; Q2 Total 42.72%; Q3 Total 40.28%: Decrease of 2.44 percentage points from Q2 to Q3

MCO Interventions:
BCBS Intervention: Provider education webinar that included ADD was held in Q2 and planning began in Q3 for future provider education webinars.

PHP Intervention: In Q3, all outpatient BH providers participating in a Treatment Record Review were provided with education of all HEDIS measures, including ADD.

WSCC Intervention: Faxes were sent to providers of members using multiple prescribers for stimulants in the last 90 days.

TM #12 – Child and Adolescent Well-Care Visits (WCV)

The percentage of members three (3) to twenty-one (21) years of age who had at least one (1) comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. An increase in percentage indicates improvement for this measure.

BCBS Q1 9.73%; Q2 20.58%; Q3 33.62%: Increase of 13.04 percentage points from Q2 to Q3
PHP Q1 8.44%; Q2 16.99%; Q3 28.59%: Increase of 11.60 percentage points from Q2 to Q3
WSCC Q1 7.38%; Q2 14.35%; Q3 25.22%: Increase of 10.87 percentage points from Q2 to Q3

MCO Aggregate: Q1 Total 8.76%; Q2 Total 17.92%; Q3 Total 29.92%: Increase of 12.00 percentage points from Q2 to Q3

MCO Interventions:
BCBS Intervention: Special Beginnings Care Coordinators conducted telephonic calls utilizing a script explaining the Special Beginnings benefit that discusses what happens after delivery along with the importance of well child visits.

PHP Intervention: Increased presentations to community agencies and home visiting to encourage WCVs to be completed.

WSCC Intervention: The MPulse texting campaign was launched in the middle of Q3, sending reminders to parents/guardians of members that needed to make a well care visit appointment for their child.

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 Q3 of DY8 consisted of the following:

CY19 EQR Reviews and Validations:
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.

CY20 EQR Reviews and Validations:
2020 Compliance Review 1st draft was submitted to HSD September 14, 2021. This is currently under review by HSD Leadership.
2020 Validation of Performance Measurers 1st draft was submitted to

	HSD September 30, 2021 and is 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 19th, 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.

UTILIZATION

Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for October 2019 through September 2021. Please see Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group.

VALUE BASED PURCHASING

To support Centennial Care 2.0's value-based purchasing goals, HSD requires the MCOs to implement a Value Based Purchasing program that is based upon improved quality and/or Member healthcare outcomes. To accomplish this the MCO must meet minimum targets for three levels of VBP arrangements. Minimum targets are set to both a required spend as a percentage of paid claims and required contracts with certain provider types. DY8 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required	11%	14%	8%
Required Provider Types	• Traditional PH Providers with at least 2 small Providers. • BH Providers (whose primary services are BH). • Long-Term Care Providers including nursing facilities.	• Traditional PH Providers with at least 2 small Providers. • BH Providers (whose primary services are BH). • Long-Term Care Providers including nursing facilities.	• Traditional PH Providers. • BH Providers (whose primary services are BH). • Actively build Long-Term Care Providers including nursing facilities full-risk contracting model

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For DY8 Q4, BCBS and PHP have met or exceeded the required VBP spend target of 33%. WSCC continues to strive for improvement.
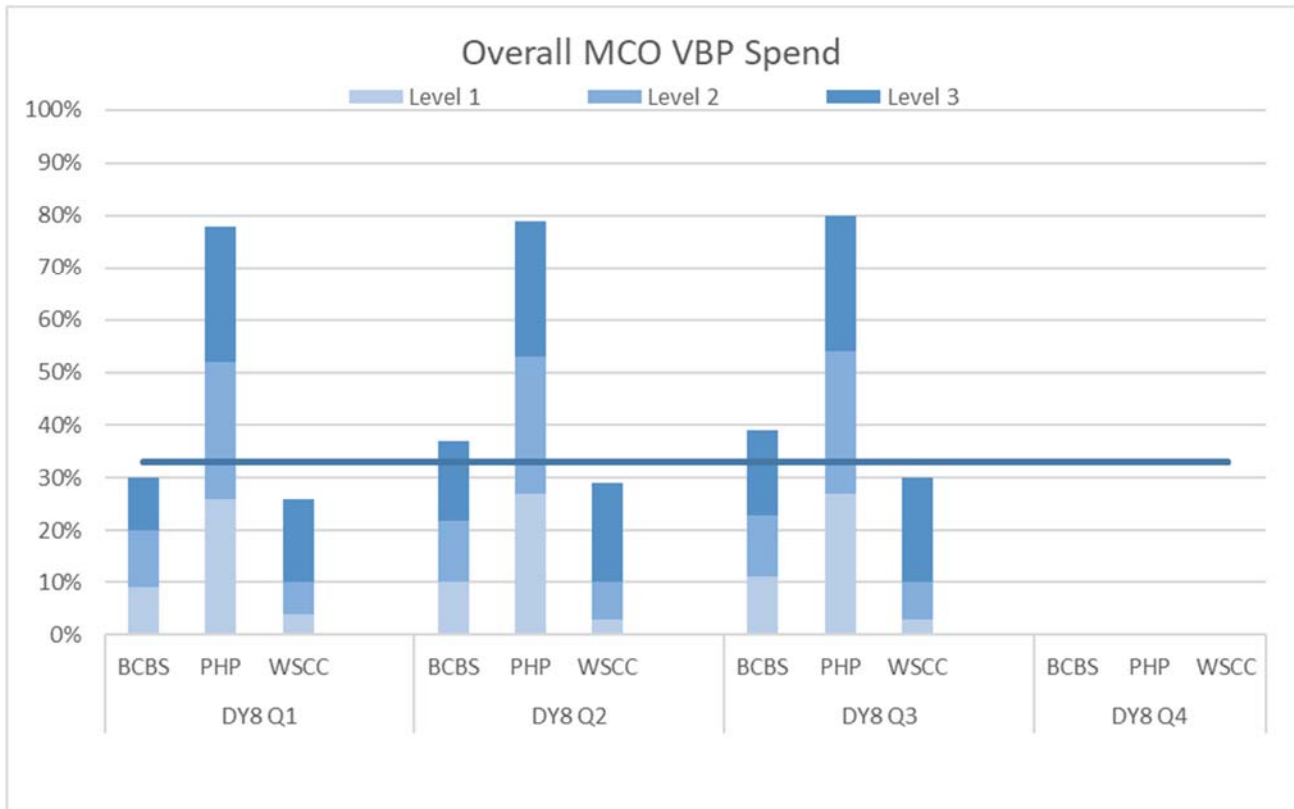
Source: CY21 Q1, Q2, and Q3 MCO VBP Financial Reports

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

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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 continues to work to decrease emergency department (ED) utilization by continuing to monitor member utilization of emergency visits.

PHP continues to work 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 continues outreach 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 DY8, which focused on reducing ED visits for non-emergent care, the percentage of emergency utilization that are considered low acuity improved from DY7 Q3 to DY8 Q3. In comparing visits from September of 2020 with 55% visits to September of 2021 with 51% of emergency visits being low acuity, the percentage of visits to the emergency department for non-emergent care decreased by four (4) percentage points. A lower rate indicates improvement for this measure. The trend for this measure declined by one (1) percentage point in DY8 Q3.

The graph below reflects the percentage of members using the ER for non-emergent care between September of 2019 and September of 2021. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership. The data for DY8 Q4 will be received January 25, 2022 and will be reported in the Q4 CMS Quarterly Monitoring Report.

Table 27: Non-Emergent ER Use
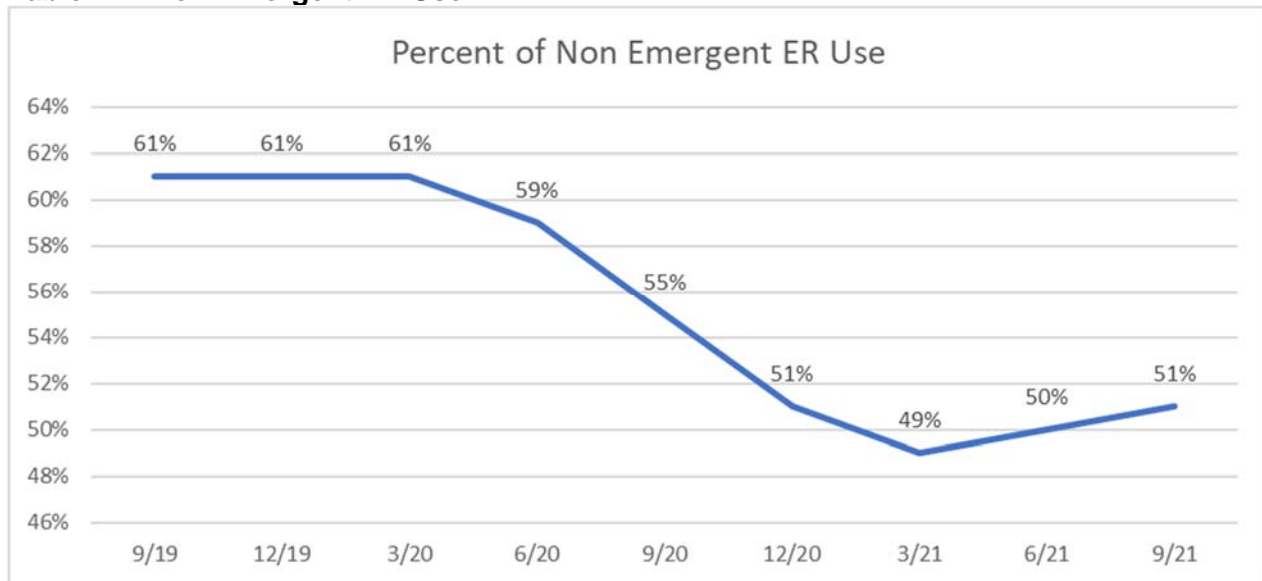
Source: Mercer- Non-Emergent Emergency Room Utilization Report

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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 January 1st, 2021, to October 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 been 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.

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Table 28: Physical Health Geographical Access

	Urban			Rural			Frontier		
	Geo Access PH Q3 Calendar Year 2021 (July 1- September 30, 2021)								
PH - Standard 1	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
PCP including Internal Medicine, General Practice, Family Practice	100.0%	100.0%	100.0%	99.5%	100.0%	100.0%	100.0%	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%	90.8%	93.5%	99.3%	96.9%	95.0%	98.9%
PH - Standard 2									
Cardiology	99.2%	99.1%	99.0%	99.7%	100.0%	100.0%	99.8%	99.9%	99.8%
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%	94.1%	100.0%	94.1%	99.2%	99.8%	98.6%	98.0%
Dermatology	99.2%	98.9%	98.9%	80.3%	80.7%	87.3%	91.9%	95.9%	98.1%
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%	61.3%	78.6%	87.2%	84.3%	88.8%	92.9%
ENT	99.1%	98.8%	98.8%	91.7%	87.8%	100.0%	95.1%	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%	98.9%	99.5%	95.2%	98.4%	99.2%	98.0%	88.8%
Neurology	99.1%	98.8%	98.9%	99.2%	92.7%	92.0%	98.5%	91.0%	95.8%
Neurosurgeons	99.1%	83.4%	98.8%	36.2%	74.9%	41.1%	67.3%	87.1%	81.1%
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%	98.9%	99.6%	100.0%	100.0%	96.2%	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%	94.1%	96.5%	99.9%	100.0%
Rheumatology	87.9%	98.8%	83.0%	89.0%	83.4%	70.7%	88.3%	85.4%	73.6%
Surgeons	99.4%	98.9%	99.0%	99.9%	100.0%	100.0%	99.8%	99.9%	99.8%
Urology	99.1%	98.8%	99.0%	90.9%	87.0%	91.5%	89.0%	93.1%	91.1%
LTC - Standard 2									
Personal Care Service Agencies	100.0%	100.0%	100.0%	100.0%	99.8%	99.8%	100.0%	100.0%	100.0%
Nursing Facilities	99.5%	93.1%	99.4%	99.7%	97.1%	99.7%	99.8%	100.0%	99.8%
General Hospitals	99.2%	98.9%	98.9%	99.6%	99.3%	99.9%	99.8%	100.0%	99.8%
Transportation	100.0%	100.0%	99.0%	87.4%	100.0%	100.0%	100.0%	99.9%	100.0%

Source: MCO Report #55 GeoAccess CY21 Q3

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Transportation

Non-emergency medical transportation is a means for MCOs 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:
Non-Emergency Medical Transportation (NEMT) Rate Increase HSD has received approval from CMS through an Emergency State Plan Amendment (SPA # 22-0001) to temporarily increase provider reimbursement to NEMT providers by 6.81 percent increase for all transportations made between January 1, 2022, through June 30, 2022. HSD will establish a post payment adjustment process that will identify these COVID positive related stays so that the provider will be reimbursed the additional 6.81 percent (6.81%).

Homebound Vaccinations New Mexico has received approval by CMS, as of November 2021 for a State Plan Amendment to administer COVID-19 vaccines to homebound eligible Medicaid beneficiaries from March 15, 2021 through end of the PHE. As of November 5, 2021, there is only 77 eligible estimated members left for vaccination by EMS in the homebound setting.

Customer Service Reporting

BCBS met all of the call center metrics during DY8 Q4 with the exception of the Member Services and Nurse Advice Line.

Member Services: the percentage of calls in November that were answered within 30 seconds was 84.4%, which is below the standard of 85%. There was an increase in the percentage of calls answered within 30 seconds from November 2021 at 84.4% to December 2021 at 87.4%, remaining above the contract standard of 85%.

Nurse Advise Line: the percentage of calls in December that were answered within 30 seconds was 83.9%, which is just below the standard of 85%. BCBS attributes the deficiency to the gaps in staffing. Carenet is actively working to recruit additional nurses to get more nurses on board, to achieve a 7% to 10% above forecasted call volume. Care

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coordinators are continuing to be crossed trained to fill gaps.
HSD continues to closely monitor. See attachment D – 2021 for call center metrics.

PHP met all call center metrics during 2021, with the exception of percent of voicemails returned the next business day. This represented 1 call out of 2, which was returned just over the 24 period. Corrective processes were put in place, and the remainder of the year was 100%.

WSCC closely monitored staffing and call volume in order to meet all metrics. All metrics for all Call Centers were met in Q3 and Q4 of DY8. Below are the three months in DY8, in which the percent of calls answered within 30 seconds metric was not met:
- March for Member Services
- May for Nurse Advise Line
- June for Provider Services

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 CY21. In CY21 all three MCO's increased the total number of unduplicated telemedicine visit from CY20. Telemedicine utilization has increased in all areas from October 1, 2021, to December 31st, 2021 and is playing a vital role in providing health care services statewide. All MCO's refreshed data, is reported for all 4 quarters in table 29.

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Table 29: Unduplicated Members Served with Telemedicine

Total Unduplicated Members Serviced with Telemedicine	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4
New Behavioral Health Members	**51,491**	**13,700**	**9,963**	**7,505**
BCBSNM	19,312	4,932	3,800	2,793
PHP	27,081	7,150	5,014	3,870
WSCC	5,098	1,618	1,149	842
New Physical Health Members	**88,496**	**33,269**	**25,757**	**21,070**
BCBSNM	34,097	12616	9519	6993
PHP	49,478	18541	14379	12442
WSCC	4,921	2112	1859	1635
Total New Unduplicated Members	**124,914**	**38,698**	**29,444**	**23,364**
BCBSNM	46,990	14331	10911	7915
PHP	68,732	21217	15999	13368
WSCC	9,192	3150	2534	2081
YTD* Unduplicated Members	**124,907**	**163,306**	**188,954**	**216,420**
BCBSNM	46,951	61,121	69,785	80,147
PHP	68,630	89,744	104,593	119,316
WSCC	9,326	12,441	14,576	16,957

Source: Telemedicine Delivery System Improvement Performance Target (DSIPT) * October - December 2021

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DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
DY8 Activities	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®1 programming code for the performance measure calculations, as well as developing a cost-effectiveness and budget neutrality analytic plan. HSAG has not identified any interim findings at this time. HSAG prepared and submitted the Interim Evaluation Report Outline. The outline included the specifications detailed in CMS' evaluation report guidance and the State's special terms and conditions (STCs). HSD reviewed and agreed to the outline provided by HSAG.

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ENCLOSURES/ATTACHMENTS

Attachment A: October 2020 – September 2021 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet

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

Attachment D: Customer Service

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ADDITIONAL COMMENTS

MCO INITIATIVES

BCBS: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
In Q4 BCBS partnered with Medic Buddy Mobile Health through Duke City Urgent Care to complete Hemoglobin A1c check for members in this measure. Their licensed medical technicians use state of the art equipment to conduct a thorough digital visit with a medical provider. This partnership was an addition to the home health kits which are sent to members who agree to receive one after speaking with a care coordinator. These kits allowed members to complete the test from their homes and mail their sample back to be processed. In 2021 there were a total of 145 test kits sent to members this year between the two programs. Both programs were designed to increase member compliance with testing, education, and address barriers to completion due to COVID or other Social Determinants of Health (SDoH) concerns.

PHP: Population Health Management-Wellness and Health Education
Enhancements to the Diabetes Prevention Program's (DPP) eligibility file were operationalized throughout 2021. The enhanced eligibility file included the expansion of identification parameters and diagnosis fields for conditions related to pre-diabetes. This enhancement yielded favorable results such as increased Member direct sign-ups and increased identification of at-risk Members. Enhancements were also made to the existing DPP multimodal communication and outreach plan. The enhancements included increased partnerships with providers and medical management teams to increase referrals to DPP. This enhancement created new opportunities to present and market DPP as an interactive program and support service for Centennial Care Members. The opportunities included but were not limited to quarterly provider education conferences, and ad hoc presentations to targeted provider groups (i.e., participating providers for Patient-Centered Medical Homes and the Provider Quality Incentive Program). Overall, PHP's communication campaign distributed DPP articles on healthy weight within each Member newsletter, information to 7,911 Members along with 3,875 Provider Packets and delivered Provider Education to 928 providers.

 In 2021, PHP had 149 Centennial Care Members enroll in the Diabetes Prevention Program (DPP). Of those participants, two Centennial Care members successfully completed the program in 2021 and 33 have lost an average 8.1% of their body weight. Since the program begin in the second quarter of 2019, PHP has enrolled 196 participants. The 12-month DPP is offered to eligible members by Presbyterian Health Plan and is an evidence-based prevention program with oversight by the Centers for Disease Control and Prevention. The program focuses on diabetes through weight loss

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and lifestyle changes. DPP participants complete the yearlong program working one-on-one with a registered dietician and lifestyle coach; attending online classes, logging food and exercise in an online platform, and tracking body weight using a wireless scale that syncs to the online platform. Participants that completed the program experienced an average weight loss of 14 pounds, with one member losing a total of 53 lbs. -- a 20.9% weight loss. PHP remain extremely proud of these member's achievements and the ongoing success of all members who are enrolled in the program.

WSCC: Provider Experience Enhancement

Over the last year, WSCC's Network Development Department has led a large-scale effort to reimagine end-to-end network operations. The new vision will improve the providers' journey and experience, reduce internal administrative costs, and simplify processes. The focus is on three specific provider journeys:

- Help me onboard
- Help me update my data
- Help me solve my problems

These three journeys are key aspects of reimagining the provider experience by providing self-service capabilities, improved turnaround time, and transparency throughout the most common processes. Technological capabilities are being implemented incrementally, with new features and improvements deployed in phases through the remainder of 2021 and into 2022. WSCC has started the implementation process with a provider group who has volunteered to be first for integration into the product and to help WSCC design improvements.

MEMBER SUCCESS STORIES

A 34-year-old homeless BCBS member was staying at the Gospel Mission with her seven-month-old baby. They were there for a period of six months. The member was transferred from the El Paso Homeless Shelter to the Gospel Mission in Las Cruces. She had an open case with Child Protective Services (CPS) and CPS was mandating that she get stable housing and address other concerns. If she was unable to do this, the possibility of her losing her baby was high. BCBS worked together with the member to meet her needs for several months, and the member just recently got her own apartment. Her CPS case was closed successfully with no substantiations of any abuse and/or neglect towards her baby. Her baby attends day care daily and the day care staff picks up the baby to take him to day care, which gives member some respite time to get the services she needs. A local furniture store donated new furniture to the member to furnish her apartment and she was given some baby furniture as well. The BCBS member will now have a monthly rent of $200.00 a month due to Section 8 housing, which will fit within her monthly budget. She has done a great job taking care of herself, she has been excellent as a mother to her new baby, and she is doing a very good job learning to be responsible and resourceful.

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A PHP male member, who is 69 years old and lives in southern New Mexico was assisted by a Certified Health Worker (CHW) with managing his appointments in preparation for an upcoming kidney transplant. Member has no social support and lives with daughter, who is a minor. Member was overwhelmed with life. The CHW was able to assist the member with transportation for his out-of-town appointments, assisted member with navigating his medical appointments, and assist member with language barriers. CHW was able to work with member to successfully identify individuals who could assist him and his daughter and help care for him after the transplant.

A Member with WSCC began the Start Smart for Your Baby (SSFB) program. This is the member's second child, and she was feeling depressed and anxious. Member reported that she had experienced post-partum depression with her first child. WSCC's Start Smart Health Coach (SSHC) referred member to the Behavioral Health Disease Management (BHDM) program. Member enrolled in therapy, began to focus on self-care and exercise regularly. Member delivered a healthy baby and is now working at a gym. She has made friends and no longer isolates. Upon completion of the BHDM program, the SSHC provided member with My-Strength on-line support and other resources. Member continues to work with her assigned Care Coordinator (CC) and states that "life is really good now".

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 December 3, 2021, BCBS has identified and shared the following data.
- Eligible Members: 245,235
- Eligible Members Vaccinated 1st Dose (Moderna or Pfizer): 88,417
- Eligible Members Vaccinated 2nd Dose (Moderna or Pfizer) or 1 dose Johnson & Johnson (Janssen): 87,096
- Members 18+ who have received a booster since August 13, 202: 17,068
- Total Eligible Homebound Members: 9,613 Members Vaccinated: 5,191
- Homebound EMS Vaccination: 140

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 (MCOs) 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. BCBS continues to provide GAP listings to our PCP groups which identifies those members who need their vaccines and/or boosters.

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.

Medic Buddy/Duke City Urgent Care
- BCBS has collaborated to complete their targeted of homebound members needing initial COVID vaccines and boosters. Numbers as of December 3, 2021, are 140.

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, New Mexico Activities Association (NMAA), New Mexico Primary Care Association (NMPCA), New Mexico Nurse Practitioner Council (NMNPC), New Mexico Academy of Family Physicians (NMAFP), New Mexico Pediatric Society (NMPS), New Mexico American College of Physicians (NMACP), New Mexico Medical Society (NMMS), NM Aging and Long-Term Services Department (ALTSD), and NM Public Education Department (PED).

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Grants
- $5K to Abrazos Family Support for their COVID-Safe Outdoor Therapy Space
- $12K to Storehouse New Mexico for their Feeding Local Families 2022 program
- $40K to San Juan United Way Community Cares Project

Donations
- BCBS donated 700 totes, back scratchers, tissue packs, lip balm, pens to the Familia Dental Days events held throughout the state.
- BCBS 350 conference totes, 200 lip balm, 100 tissue packs and 50 mop tops to the Virtual Annual Home Visiting Conference sponsored by Early Childhood Education and Care Department (ECECD) of the State of New Mexico.
- BCBS donated 500 tissue packs, 500 toothbrush/toothpaste kits, 250 grocery totes and 250 pairs of socks to First Nations.

Events
- **BCBS/Walgreens COVID and Flu Shot Vaccine event, October 1st**
  Partnered with Walgreens to provide COVID-19 Vaccinations to the Village of Los Lunas employees with 26 adult COVID-19 Vaccinations administered.
- **Walgreens Flu Clinic (Paseo del Norte), October 4th**
  The BCBS Care Van® program partnered with Walgreens to provide COVID-19 vaccines to the Albuquerque community. A total of 3 adult flu vaccines were administered to the public.
- **Picuris Pueblo COVID-19 and Influenza Vaccination Clinics, October 14th**
  BCBS provided benefit information and 190 totes to the Picuris Pueblo Wellness Center Picuris, NM.
- **Familia Dental-Dental Days Event, October 15th**
  Partnered with Walgreens to provide COVID-19 vaccines at the Dental Days event. One adult COVID-19 vaccine was administered.
- **Walgreens Flu Clinic (Coors & Montano), October 18th**
  Partnered with Walgreens to provide COVID-19 vaccinations and booster shots to the Albuquerque community. Seven adults received booster shots, 35 adults and one child received a flu vaccine.
- **Walgreens Flu Clinic (Montgomery & Wyoming), October 22nd**
  Partnered with Walgreens to provide COVID-19 vaccinations and booster shots to the Albuquerque community. Two adults received booster shots and eight adults received a flu vaccine.
- **Sierra County Health Council Community Health Fair, October 22nd**
  Partnered with NMDOH to provide COVID-19 vaccinations and booster shots to the Sierra County community. One (1) adult received the COVID-19 vaccine, five (5) received a booster shot and 23 adults and 19 children received a flu vaccine.
- **Walgreens Flu Clinic (Farmington), November 9th**
  Partnered with Walgreens to provide COVID-19 vaccinations and booster shots to

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the Farmington community. One (1) adult received the COVID-19 vaccine, one (1) adult received a booster shot and 10 adults received a flu vaccine.

- **Oasis Medicare Event**
  Partnered with Walgreens to provide COVID-19 vaccinations and booster shots to the Albuquerque community. Four (4) adults received a booster shot, and five (5) adults received a flu vaccine.
- **BCBS Care Van at Melrose Senior Center**
  Partnered with La Casa Health Center to provide COVID-19 vaccinations and booster shots to the Melrose community. Six (6) adults received a booster shot, and 17 adults received a flu vaccine.

Supported the following COVID-19 vaccination events across the state and in tribal communities:

- **Picuris Service Unit COVID-19 and Influenza Vaccination Drive Thru Clinics**
  BCBS provided benefit information and 90 totes.
- **Picuris Pueblo COVID-19 and Influenza Vaccination Clinics**
  BCBS provided benefit information and 190 totes.
- **Taos-Picuris Service Unit COVID-19 and Influenza Vaccination Drive Thru Clinics**
  BCBS provided benefit information and 90 totes.
- **NM Coalition to Enhance Vaccine Equity Among Hispanics/Latinx Health Fair**
  BCBS provided benefit information and 100 totes and snacks and water.
- **El Mezquite Market Vacuna Por Pavo**
  BCBS provided benefit information and 150 totes and other promotional items.

PHP: COVID-19 Relief Efforts in Q4DY8

Supporting Members:
- Presbyterian Health Plan (PHP) continues to offer the 14-day Meals on Wheels delivery program for COVID-19 positive members with food insecurity. PHP has coordinated a total of 11,822 meals thus far for members with food insecurity who required support following a COVID-19 diagnosis.
- PHP leadership continues to participate in ongoing weekly collaboration with DOH, HSD, and other stakeholders to coordinate COVID-19 initiatives. Heat maps are updated weekly to ensure we can track areas of focus. Heat maps have been updated to include new age groups as CDC guidance is updated. PHP adapted strategies, as needed, to align with new guidance concerning COVID-19 vaccines and recommended the methodology for reporting boosters. Collaborative efforts include COVID-19 vaccine events, communication with providers concerning initiatives and ongoing alignment of efforts to maximize outcomes.
- PHP identified 463 members who were immunocompromised and conducted outreach by care coordination to ensure these members were aware of the new guidance concerning COVID-19 vaccines for individuals who are immune-compromised and directing them to their providers or to vaccination resources.

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- Presbyterian's Center for Community Health has organized and staffed community vaccination events, including rural communities and in partnership with schools, churches and faith-based organizations, higher education entities and key influencer groups.
- PHP's outreach team collaborated with community partners to organize and staff health fairs, Listen and Learn events, food distribution events, information booths where information on COVID vaccination sites and plan benefits were shared. Some of our statewide partners included several Native American Chapter Houses, Pueblo Administration centers, Barrett House, Albuquerque Indian Center, NM Primary Care Association, First Nations, community centers, health and wellness centers, and multiple homeless shelters.
- PHP sponsored gift cards for incentive drawings at two COVID-19 community children's vaccination Events (ages 5 – 11 years) hosted by Hidalgo Medical Services Silver City and Lordsburg locations to vaccinate parents, grandparents, and older siblings.
- PHP provided support to members by assisting with scheduling for a COVID-19 test prior to a scheduled procedure or for general testing needs, via the testing line in patient services.
- PHP Care Coordinators heavily promoted vaccinations and boosters with assigned members, educating them on the benefits of the vaccine and assisting in directing them to vaccination resources.
- PHP published articles promoting COVID-19 vaccine for quarterly newsletters including a special edition solely dedicated to vaccinations (COVID-19, flu, pediatric) which included a Q&A section related to the COVID-19 vaccine.
- PHP developed "Myth Busters for Kids" special mailer dispelling misinformation about the vaccine specifically related to children. The mailer was sent to all member households with children.
- Presbyterian regularly promotes COVID-19 vaccinations via social media and other public service informational campaigns including as a participant in the State's COVID-19 Marketing Group.
  o In Q4, Presbyterian participated in more than 230 media stories to educate the public on the safety and availability of the vaccine for ages 5-11, booster shots and other COVID prevention methods.
  o Provided community education through more than 200 social media posts on Facebook and Twitter about COVID-19 boosters, safe practices, prevention and vaccines.
- PHP reviewed data from the previous homebound vaccine initiative to identify members who remain eligible and who had not received a COVID-19 booster.
- PHP conducted outreach to 324 homebound members to offer an in-home COVID-19 booster.
- PHP collaborated with Albuquerque Ambulance to administer boosters to 126 COVID-19 homebound members.
- PHP educated care coordination staff to include a discussion about COVID-19 vaccine status as part of all routine touchpoints to ensure ongoing member

education concerning COVID-19 vaccines, boosters and available resources.

Peer Support COVID-19 Efforts:
- PHP Certified Peer Supports worked directly with Help New Mexico, Inc. by filling out applications for people seeking housing assistance. The program offers support with foreclosure and rental assistance, utility payments, childcare assistance, and clothing and food assistance. Peers meet with NM residents at the New Mexico State Fairgrounds (distance and mask/glove protection protocols were in place) enrolling families into the program.
- The Behavioral Health Advisory Committee devoted two meetings to COVID-19 Awareness. Dr. P. Clark, MD from TriCore Laboratories presented on transmission, incubation, testing and treatment for COVID-19. And Dr. Melvina McCabe, University of New Mexico Medical Group resented on COVID-19 and Native American communities.
- PHP provided 500 masks to Inside Out, a community-based organization in Northern New Mexico who works with people managing heroin and other addictions.
- PHP Housing Manager attended the New Mexico Coalition to End Homelessness (NMCEH) and DOH meetings which initially met weekly to identify housing options across the state to prevent the COVID for homeless individuals know to have been exposed to COVID-19.

Supporting Native Americans:
- PHP provided ongoing guidance and support for tribal leaders regarding on-site COVID-19 testing.
- PHP offered members on-line opportunities to obtain information about available services and benefits.
- PHP Connected Care Coordinator/Community Health Worker teams with the CHR Program at Kewa Pueblo for assistance in completing the Dual eligible Special Needs Plan (DSNP) annual assessments via mobile devices during their pandemic lock-down. Currently exploring the opportunities for reimbursement to CHR programs for their assistance.
- PHP facilitated communications for specific complex cases. PHP consulted with Indian Health Service and tribal entities for guidance when tribal members returning to their home after being in critical care, returns to a community that is experiencing large a COVID-19 surge and lack of medical providers.
- PHP held discussions with tribal liaison team regarding Native American perceptions of food assistance and food insecurity programs during the pandemic.
- PHP assisted with requests for accessing/scheduling COVID-19 testing.
- PHP attended the Jicarilla COVID-19 Emergency Response and General Meeting to respond to questions.

Supporting Providers:
- Q4 – PHP processed behavioral health claims in an average of 6.47 days and non-

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BH claims in 3.62 days.

- PHP sent monthly lists to PCPs of their paneled members who have not received the COVID-19 vaccine.
- PHP created reports that identified PCPs with no or low volume of COVID-19 vaccination claims and outreached to them to identify barriers in delivering the vaccine to their patients or in submitting claims to PHP. PHP continues to assist with billing inquiries.
- PHP created an information sheet addressing COVID-19 vaccines for pregnant and breastfeeding mothers, to educate providers and to promote the vaccination to this population.
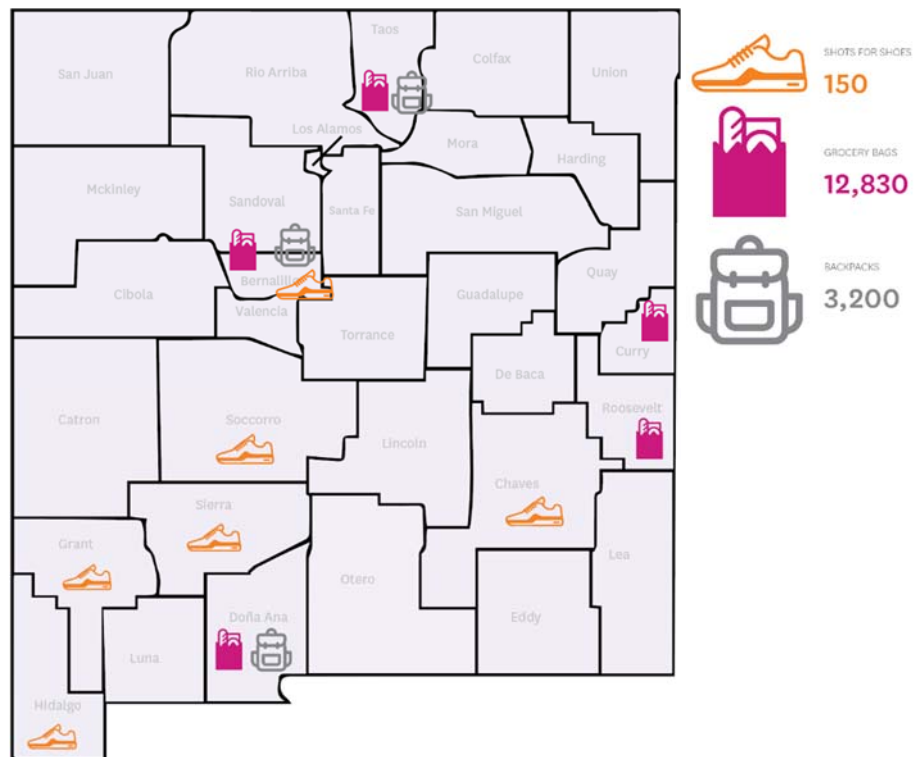
WSCC: COVID-19 Relief Efforts

Western Sky Community Care (WSCC), in an aim to address vaccine hesitancy, created three SDoH incentive programs to execute in collaboration with key community partners, FEMA, DOH, New Mexico United, Duke City Urgent Care, Amador Health and BCA.

Shots for Shoes

WSCC partnered with various organizations to help keep New Mexico safe. WSCC offered a new pair of shoes to any child 12 of age or older that completed both vaccinations at our events.

Counties Helped:
- Bernalillo
- Chaves
- Sierra
- Hidalgo
- Socorro
- Grant

Event	Date	Descriptions
Shots for Shoes Roswell BCA Medical Associates 1st event (Roswell)	7/7/21	Part 1 of Shots for Shoes event. WSCC helped students 12-18 years of age get their COVID-19 vaccination. After getting vaccinated, students were given a form to state what shoe size they wear, and what brand and what colors they like. 21 vaccinations were given. Information about WSCC was passed out to all that attended.
Shots for Shoes 2nd event (Roswell)	7/29/21	Part 2 of Shots for Shoes event. At this event, WSCC helped give second vaccinations for the COVID-19. All students given their second vaccination were given a brand-new pair of shoes
Shots for Shots 1st event (Las Cruces)	7/31/21	Part 1 of Shots for Shoes event. At this event WSCC helped students 12-18 years of age get their COVID-19 vaccination. After getting vaccinated, they were given a form to fill out stating what shoe size they wear, and what brand and what colors they like. 21 vaccinations were given. Information about WSCC was passed out to all that attended.
Shots for Shoes 2nd event (Las Cruces)	8/14/21	Part 2 of Shots for Shoes event. At this event we helped give second vaccinations for the COVID-19 vaccination. WSCC gave all students who got their second vaccination a brand-new pair of shoes.
Shots for Shoes 1nd event (T or C)	9/25/21	Shots for Shoes event: At this event,11 vaccinations and 2 boosters were given.
Shots for Shoes 1st event (Socorro)	10/12/21	Shots for Shoes event. At this event 3 shots were given.
Shots for Shoes 2nd event (T or C)	10/23/21	Shots for shoes events. At this event shoes were distributed.
Shots for Shoes Hidalgo Medical Services in Sliver City and Lordsburg	12/10/21	34 Shoes for Lordsburg event and 41 Shoes for Sliver City Event were donated.

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Grocery Distribution

WSCC continued their annual grocery distribution event. WSCC also partnered with FEMA to distribute groceries to those who received the COVID-19 vaccine at partnered events.

Counties Helped:
- Bernalillo
- Taos
- Doña Ana
- Roosevelt
- Curry

Backpack Distribution

WSCC continued their annual Back to School distribution event. WSCC distributed backpacks stuffed with school supplies to children in need.

Counties Helped
- Bernalillo
- Taos
- Doña Ana

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