



## **CENTENNIAL CARE 2.0 DEMONSTRATION**

1115 Demonstration Quarterly Report  
Demonstration Year: 9 (1/1/2022 – 12/31/2022)  
Quarter 2 of 2022

August 30, 2022

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# 1

## INTRODUCTION

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

In Centennial Care 2.0, the state continues to advance successful initiatives pursued 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:

- BlueCross BlueShield of New Mexico (BCBS);
- Presbyterian Health Plan (PHP); and
- Western Sky Community Care (WSCC).

Status of Key Dates:

TOPIC	KEYDATE	STATUS
Quality Strategy	Submitted 2021 Draft to CMS on March 30, 2021.	CMS provided feedback on April 6, 2022. The 2021 Draft Quality Strategy is under revision based on feedback received and will be resubmitted to CMS by August 31, 2022.
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.
1115 Demonstration Amendment #2 Letter Amendment	Submitted to CMS on December 30, 2021.	Under CMS Review.

New Mexico’s current 1115 demonstration waiver expires December 31, 2023. The Human Services Department (HSD) will submit a 5-Year 1115 demonstration waiver renewal application to CMS in 2022 for an anticipated effective date of January 1, 2024. HSD has held several stakeholder engagements to obtain valuable input on the current Centennial Care 2.0 Medicaid program and innovations that can be explored for the future Medicaid program. New Mexico is preparing its draft application for formal public comment, including public hearings and tribal consultation.

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## ENROLLMENT AND BENEFITS INFORMATION

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

MANAGED CARE ORGANIZATION	3/31/2021 ENROLLMENT	6/30/2022 ENROLLMENT	PERCENT INCREASE / DECREASE Q1
BlueCross BlueShield of New Mexico (BCBS)	292,418	294,768	0.8%
Presbyterian Health Plan (PHP)	423,306	425,521	0.5%
Western Sky Community Care (WSCC)	86,145	87,211	1.2%

Source: Medicaid Eligibility Reports, March 2022 and June 2022

### CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

Centennial Care 2.0 MCO enrollment and expenditure data by programs for April 2020 - March 2022 is available in Attachment A to this report.

#### ***MCO Enrollment***

In aggregate, MCO enrollment increased by 7% from the previous to current period. This increase is comprised of the following:

- 10% increase in Physical Health enrollment.
- 2% increase in Long-Term Services and Supports enrollment.
- 4% increase in Other Adult Group enrollment.

Physical Health and Other Adult Group enrollment experienced continued growth 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 in Attachment A illustrate a decrease for the most recent month, which is mostly due to retroactivity not yet accounted for at the cutoff date of the enrollment data (i.e., March 31, 2022). Historically, the decrease in the last month changes to an increase in subsequent quarters due to additional runout.

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

In aggregate, total MCO per capita medical costs decreased by 1% from the previous to current period. This consists of a 1% decrease to non-pharmacy services and a 2% increase to pharmacy services. On a dollar basis, higher enrollment levels are a primary driver of the 7% year over year increase in total medical expenses.

## **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. During DY8, MHC provided monthly updates on the progress of its termination plan. HSD identified that MHC had \$1,926,347.83 in financial obligations. In DY8 Q4, MHC was notified of the payable amount due, and provided payment in the amount of \$1,926,347.00, which was accepted by the state. New Mexico anticipates making a final determination concerning MHC's completion of all obligations by DY9 Q3.

## **CENTENNIAL REWARDS**

Centennial Rewards program provides incentives to members for engaging in and completing healthy activities and behaviors. Beginning in DY9, New Mexico modified its 2022 Rewards Program as illustrated below.

<b>Reward Activity</b>	<b>Age Requirement</b>	<b>2022 Modification</b>
Adult Primary Care Provider (PCP) Checkup – Complete annual PCP wellness checkup	Ages 22+	Age requirement changed from Ages 19+ to 22+
Asthma Medication Management – Reward on 30-, 60-, or 90-day prescribed refills	Ages 5-17	Reward activity eliminated
Bipolar Medication Management – Reward on 30-, 60-, or 90-day prescribed refills	Ages 18-64	Reward activity eliminated
COVID-19 Vaccine or Booster – Complete COVID-19 vaccine or booster	All ages, as advised by CDC	Added booster
Dental Checkup (Adult) – Complete annual dental checkup	Ages 18+	Reward activity eliminated
Dental Checkup (Child) – Complete annual dental checkup	Ages 2-20	Age requirement changed from 2-17 to 2-20

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Diabetes HbA1C Test – Completion of HbA1C Test <ul style="list-style-type: none"> <li>Bonus: Diabetes HbA1C Control – Attain HbA1c control (&lt;8%)</li> </ul>	Ages 10-75	Added new bonus reward activity
Diabetes Retinal Eye Exam – Completion of diabetic retinal exam	Ages 10-75	No change
Diabetes Nephropathy Exam – Completion of diabetic nephropathy exam	Ages 10-75	Reward activity eliminated
Flu Shot - Receive flu vaccine	Ages 6 months+	No change
1st Prenatal Care Visit – Complete prenatal care visit in the first trimester or within 42 days of enrollment	All ages	No change
Postpartum Visit – Complete postpartum care visit between 7 and 84 days after delivery	All ages	No change
Schizophrenia Medication Management – Reward on 30-, 60-, or 90-day prescribed refills	Ages 18+	No change
Well-Baby Checkups – Complete up to six well-child visits with a PCP during the first 15 months of life and up to two well-child visits with a PCP between 16-30 months of life <ul style="list-style-type: none"> <li>Bonus: Complete all eight well-child visits with a PCP between 0-30 months of life</li> </ul>	0-30 months	Combined Well-Baby Checkup activities and added new bonus reward activity
3-week Step-Up Challenge – Successfully complete 3-week Step-Up Challenge	Ages 10+	Reward activity eliminated
9-week Step-Up Challenge – Successfully complete 9-week Step-Up Challenge	Ages 10+	Reward activity eliminated
Antidepressant Medication Management - Reward on 30-, 60-, or 90-day prescribed refills	Ages 18+	Added new reward activity
Child & Adolescent Well-Care Visit - Complete annual wellness checkup with a PCP or an OB/GYN <ul style="list-style-type: none"> <li>Bonus: Adolescent Immunization Series – Complete adolescent immunization series by 13<sup>th</sup> birthday</li> </ul>	Ages 3-21	Added new reward activity
Follow-up After Emergency Dept. Visit for Mental Illness – Complete follow-up visit within 30 days of emergency department visit for mental illness or intentional self-harm diagnoses	Ages 6+	Added new reward activity
Follow-up After Hospitalization for Mental Illness - Complete follow-up visit within 30 days of hospitalization for mental illness or intentional self-harm diagnoses	Ages 6+	Added new reward activity

As of DY9 Q2 there are 831,620 Centennial Care members eligible and participating in the Centennial Rewards Program. Active Centennial Rewards program enrollment is not required to participate in the program but is required for reward redemption. Quality

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improvement and participation trends are demonstrated in the table below.

**Table 2: Centennial Rewards**

CENTENNIAL REWARDS				
	July - September 2021	October - December 2021	January - March 2022	April - June 2022
Number of Medicaid Enrollees Receiving a Centennial Care Rewardable Service this Quarter*	72,848	91,978	161,053	186,917
Number of Members Newly Registered in the Rewards Program this Quarter	4,570	6,508	3,793	3,954
Number of Members Who Redeemed Rewards this Quarter**	31,170	46,079	22,540	27,751

\*Only includes rewards earned THIS quarter.

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

Source: Finity Quarter 2 Report

### ***Electronic Engagement Reward Alert Campaign***

In DY9 Q2, Finity conducted the following multimedia campaigns to support members.

**Adolescent Immunization Campaign:** Designed to encourage members ages 9 to 18 to complete their Adolescent Immunization vaccine series. Currently there isn't a reward associated with this campaign. Texts and emails were sent in April.

- 24K texts sent in Q2 2022
- 24K emails sent in Q2 2022

**Child Dental Campaign:** Designed to encourage members between the ages of 2 and 20 to go in for their dental visits. This reward is earned through claims verification. Members earn \$30 or 300 points for completing their visit. Texts and emails were sent in May.

- 65K texts sent in Q2 2022
- 57K emails sent in Q2 2022

**COVID Immunization Campaign:** Designed to encourage all members ages 6 months and over to receive their COVID vaccine. This is a self-attestation campaign with a \$20 value worth 200 reward points. Texts and emails were sent April through May.

- 67K texts sent in Q2 2022
- 38K emails sent in Q2 2022

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**Monthly Redemptions Campaign:** Designed to notify members who have earned rewards that they have 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 were sent April through May. This is an ongoing campaign and Q2 results are provided below:

- 486K texts sent in Q2 2022
- 337K emails sent in Q2 2022

**Native American Program Engagement Campaign:** Designed to encourage Native American members to self-attest to reward activities they've completed by either going on the Centennial Rewards Portal or calling the call center. Texts and emails were sent April through May.

- 14K texts sent in Q2 2022
- 6K emails sent in Q2 2022

**Well-Baby Immunization Campaign:** Designed to encourage parents/guardians to complete immunizations for their babies ages 0-30 months. Campaign texts and emails were sent in June. This is an ongoing campaign and Q2 results are provided below:

- 23K texts sent in Q2 2022
- 4K emails sent in Q2 2022

**Additional Key Stats through Q2 2022:**

- Member participation in Q2 2022 reached an all-time high of over 74.96%.
- In Q2 2022, 187K members earned over \$4.7M in rewards by completing healthy activities, which is up 16% over Q1 2022.

**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 DY9 Q2 2022 survey are listed below:

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

Centennial Rewards Customer Satisfaction Survey									
	DY8 Q4			DY9 Q1			DY9 Q2		
	# OF RESPONDENTS 4,293			# OF RESPONDENTS 1,713			# OF RESPONDENTS 2,577		
	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?	87%	5%	8% I don't have a doctor	86%	3%	9% I don't have a doctor	88%	5%	7% I don't have a doctor
Are you satisfied with your health plan?	96%	4%	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	97%	3%	n/a	97%	3%	n/a

Source: Finity Quarter 2 Report

# 3

## 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.

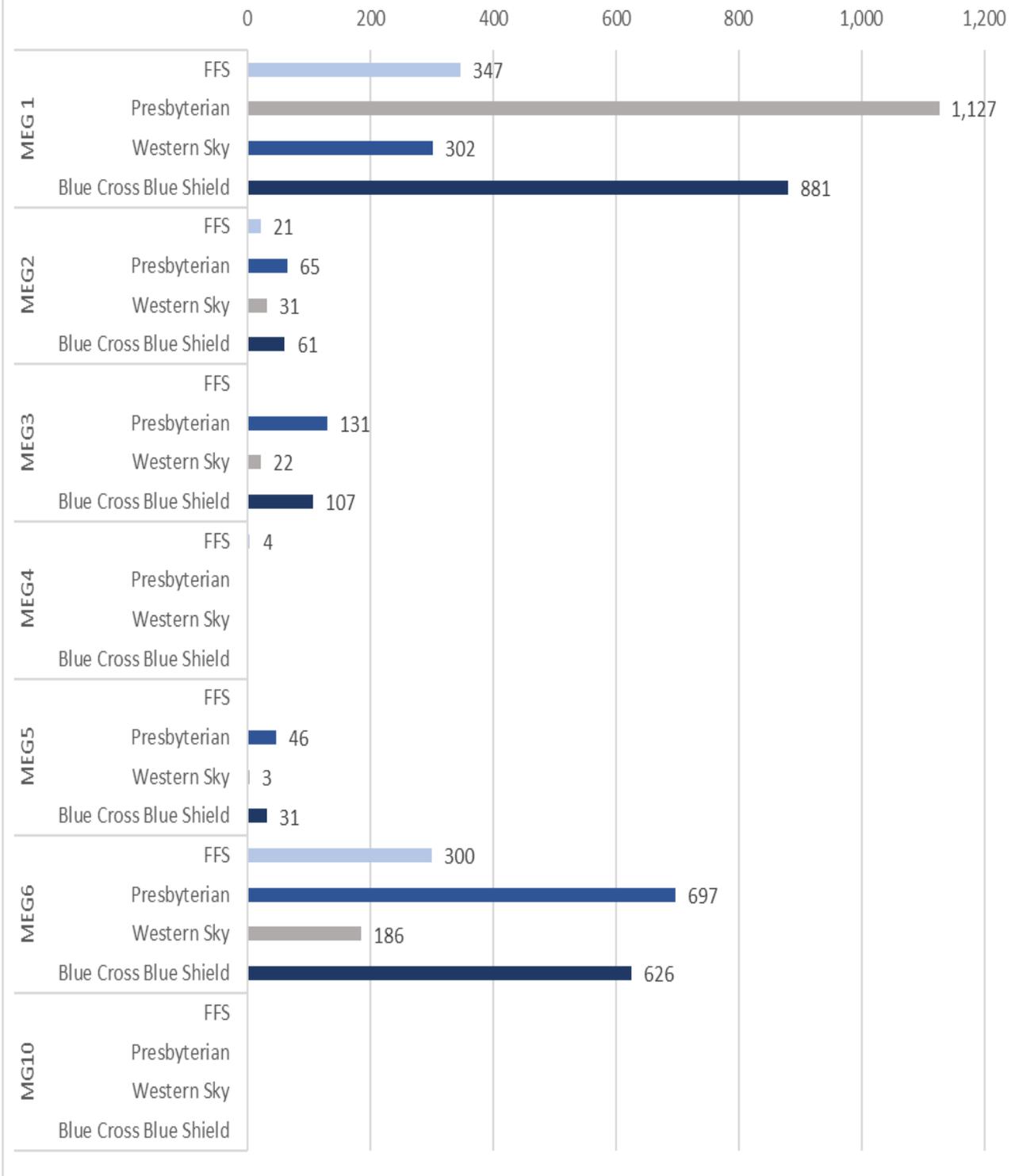
The disenrollment for this quarter is attributed to incarceration, death, and members moving out of state.

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

Demonstration Population		Total Number Demonstration Participants DY9 Q2 Ending June 2022	Current Enrollees (Rolling 12-month Period)	Total Disenrollments During DY9 Q2
Population MEG1 - TANF and Related	0-FFS	36,897	38,402	347
	Presbyterian	224,240	217,922	1127
	Western Sky	42,288	41,656	302
	Blue Cross Blue Shield	147,706	143,961	881
	<b>Summary</b>	<b>451,131</b>	<b>441,941</b>	<b>2,657</b>
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,549	2,401	21
	Presbyterian	20,741	20,723	65
	Western Sky	3,760	3,789	31
	Blue Cross Blue Shield	12,482	12,324	61
	<b>Summary</b>	<b>39,532</b>	<b>39,237</b>	<b>178</b>
Population MEG3 - SSI and Related - Dual	0-FFS	0	0	0
	Presbyterian	22,546	23,867	131
	Western Sky	3,334	3,570	22
	Blue Cross Blue Shield	11,267	11,998	107
	<b>Summary</b>	<b>37,147</b>	<b>39,435</b>	<b>260</b>
Population MEG4 - 217- like Group - Medicaid Only	0-FFS	236	167	4
	Presbyterian	106	117	0
	Western Sky	16	19	0
	Blue Cross Blue Shield	74	86	0
	<b>Summary</b>	<b>432</b>	<b>389</b>	<b>4</b>
Population MEG5 - 217- like Group - Dual	0-FFS	0	0	0
	Presbyterian	3,017	3,356	46
	Western Sky	508	568	3
	Blue Cross Blue Shield	2,305	2,563	31
	<b>Summary</b>	<b>5,830</b>	<b>6,487</b>	<b>80</b>
Population MEG6 - VIII Group (expansion)	0-FFS	27,158	37,138	300
	Presbyterian	132,088	142,044	697
	Western Sky	33,484	36,083	186
	Blue Cross Blue Shield	105,679	113,551	626
	<b>Summary</b>	<b>298,409</b>	<b>328,816</b>	<b>1,809</b>
Population MG10 - IMDSUD Group	0-FFS	11	92	0
	Presbyterian	102	410	0
	Western Sky	9	49	0
	Blue Cross Blue Shield	62	269	0
	<b>Summary</b>	<b>184</b>	<b>820</b>	<b>0</b>
Population MGX8 - IMDSUD VIII Group	0-FFS	0	0	0
	Presbyterian	215	932	0
	Western Sky	24	140	0
	Blue Cross Blue Shield	214	794	0
	<b>Summary</b>	<b>453</b>	<b>1866</b>	<b>0</b>
<b>Summary</b>		<b>833,118</b>	<b>858,991</b>	<b>4,988</b>

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## Total Disenrollments During DY9 Q1



Source: Enrollee Counts Report

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# 4

## OUTREACH/ INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING	
DY9 Q2	<p>In DY9 Q2, HSD staff participated in remaining statewide town hall events known as “Cabinet in Your Community.” The purpose of these events is to meet with constituents and community leaders to resolve issues and provide on-site assistance and support from HSD staff and Cabinet Secretary or Deputy.</p> <p>HSD provided coaching, outreach and educational activities via webinars to Presumptive Eligibility Determiners (PEDs) in the Presumptive Eligibility and JUST Health Programs to help them better assist their clients in the completion of Medicaid eligibility applications, both on-line and telephonically. HSD also provided on-line certification and refresher training sessions for prospective and current PEDs.</p> <p>HSD is participating in the New Mexico Health Marketing Coalition Committee, now bi-weekly and lead by the NM Department of Tourism (NMDT), to promote outreach for new COVID-19 Vaccine and Booster Campaigns developed by the NMDT and their contractor. The campaigns are designed to encourage New Mexicans to get the COVID-19 Vaccine immunization series. The New Mexico Department of Health, HSD’s Managed Care Organizations and other healthcare stakeholders comprise this coalition.</p> <p>HSD staff are participating in the HSD COVID-19 Vaccination Workgroup and the Department of Health (DOH) COVID Provider 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.</p>

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## COLLECTION AND VERIFICATION OF ENCOUNTER DATA AND ENROLLMENT DATA

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

Data is extracted monthly to identify Centennial Care enrollment by MCO and for various populations. Any discrepancies that are identified, whether due to systematic or manual error, are immediately addressed. Eligibility and enrollment reports are run monthly to ensure consistency of numbers. In addition, HSD continues to monitor enrollment and any anomalies that may arise, so they are identified and addressed timely. HSD posts the monthly Medicaid Eligibility Reports (MERs) to the HSD website at: <https://www.hsd.state.nm.us/medicaid-eligibility-reports/>. This report includes enrollment by MCOs and by population.

# 6

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

### **FISCAL ISSUES**

The capitation payments through DY9 Q2 reflect the Centennial Care 2.0 rates effective on January 1, 2022. 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, 2022 were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2021.

During DY9 Q2, financial payments were made for the University of New Mexico Medical Group (UNMMG) directed payment, University of New Mexico Hospital (UNMH) directed payment and payment for quality, hospital access payment (HAP), health care quality surcharge (HCQS), COVID-19 vaccine non-risk payment, and temporary increase for hospital directed payment. The UNMMG directed payments, UNMH directed payment and payment for quality, and the COVID-19 vaccine non-risk payments partially contributed to the PMPM increase for MEGs 1, 2, and 6 of DY8. Similarly, UNMMG directed payment, hospital access payment, temporary rate increase hospital directed payment, and quality payment for health care quality surcharge contributed to the PMPM change for MEGs 1, 2, and 6 of DY9.

The fiscal impact of the public health emergency due to the Coronavirus (COVID-19) pandemic may be minimal in the financial activities during Quarter 2 of CY 2022. In addition, expenditures and member months for substance use disorder in an institution for mental diseases (SUD IMD) were reported for DY6 to DY9 for both fee-for-service and managed care.

### **PUBLIC HEALTH EMERGENCY (PHE) and NEW MEXICO WILDFIRE EMERGENCY (NMWE)**

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.

On May 9, 2022 the Health and Human Services Secretary, Xavier Becerra, declared a public health emergency for the State of New Mexico to aid the State in regions impacted

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by wildfires and straight-line winds.

In response to the COVID-19 PHE, HSD requested several federal waiver authorities and were approved for the following:

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

HSD submitted five Disaster Relief (DR) SPAs this quarter and received CMS approval.

Following is a comprehensive listing of approved DR SPAs:

- 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.
- 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.
- Implementing a temporary 15% reimbursement increase in accordance with Section

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9817 of the American Rescue Plan (ARP) Act of 2021 and New Mexico's approved Spend Plan for providers of Personal Care Services (PCS) and Private Duty Nursing (PDN) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit from May 1, 2021 to June 30, 2022, or the end of the PHE, whichever comes first.

### **1135 Waiver**

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

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

### **Appendix Ks**

HSD submitted one Appendix K this quarter and received CMS approval. Following is a comprehensive listing of approved Appendix Ks:

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

- Exceeding service limitations (i.e., allowing additional funds to purchase electronic devices for members, exceeding provider limits in a controlled community residence and suspending prior authorization requirements for waiver services, which are related to or resulting from this emergency).
- Expanding service settings (i.e., telephonic visits in lieu of face-to-face and provider trainings also done through telehealth mechanisms).
- Permitting payment to family caregivers.
- Modifying provider enrollment requirements (i.e., suspending fingerprinting and modifying training requirements).
- Reducing provider qualification requirements by allowing out-of-state providers to provide services, allowing for an extension of home health aide supervision with the ability to do the supervision remotely.
- Utilizing currently approved Level of Care Assessments to fulfil the annual requirement or completing new assessments telephonically.

- Modifying the person-centered care plan development process to allow for telephonic participation and electronic approval.

#### 1115 Demonstration Waiver for Home Community Benefit Services (HCBS)

- Expanding service settings (i.e., telephonic visits in lieu of face-face and provider trainings through telehealth mechanisms.).
- Permitting payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.
- Modifying provider qualifications to allow provider enrollment or re-enrollment with modified risk screening elements.
- Modifying the process for level of care evaluations or re-evaluations.
- Modifying person-centered service plan development process to allow for telephonic participation and electronic approval.
- Modifying incident reporting requirements.
- Allowing for payment of services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.
- Implementing retainer payments for personal care services.

#### 1915c (Supports Waiver)

- Modifying provider qualifications to suspend fingerprint checks or modify training requirements.
- Modifying processes for level of care evaluations or re-evaluations.
- Temporarily modifying incident report requirements for deviations in staffing.
- Temporarily allowing for payment of services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.
- Allowing flexibility of timeframes for the CMS 372, evidentiary package(s), and performance measure data collection.
- Adding an electronic method of service delivery allowing services to continue to be provided remotely in the home setting.
- Allowing an option to conduct evaluations, assessments, and person-centered service planning meetings virtually in lieu of face-to-face meetings and adjusting assessment requirements.
- Modifying incident reporting requirements.

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- 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.

1915c (Developmental Disabilities Waiver, Medically Fragile Waiver, Mi Via Waiver, and Supports Waiver)

- In accordance with Section 9817 of the American Rescue Plan (ARP) Act of 2021 and New Mexico’s approved Spend Plan, New Mexico received Appendix K approval to temporarily increase payment rates by 15% from May 1, 2021 to June 30, 2022.

**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.

Table 4 below reports the total number of members paneled to a PCMH for DY9 Q1, which reflects an overall increase in members receiving care through a PCMH. The DY9 Q2 data will be reported in the DY9 Q3 report.

**Table 4: PCMH Assignment**

P C M H A S S I G N M E N T				
Total Members Paneled to a PCMH				
	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
BCBS	145,663	154,450	138,596	137,858
PHP	257,162	262,428	269,646	273,786
WSCC	36,685	37,621	38,421	38,772
Percent of Members Paneled to a PCMH				
	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
BCBS	51.60%	53.60%	47.20%	46.30%
PHP	62.30%	62.90%	63.90%	64.70%
WSCC	44.40%	44.50%	44.50%	44.40%

Source: MCO Report #48 DY9 Q1

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#### MCO PCMH initiatives:

BCBS: BCBS continues to use Joint Operating Committee meetings and Quality meetings with PCMH groups to emphasize the availability of care coordination to help decrease hospital admissions and readmissions. BCBS continues to develop ER readmission reduction initiatives, in which care coordinators follow up with members discharged from the hospital to encourage them to follow up with their Primary Care Provider (PCP). BCBS also assists in scheduling follow up appointments. The community paramedicine program is aimed at following up on members discharged from the hospital and assessing them in the home soon after discharge. According to the member outcomes data, BCBS is not seeing a significant change quarter over quarter in hospital admissions or readmissions in the members paneled to a PCMH. Data is shared with BCBS contracted groups to work together to impact these rates. BCBS states they will be more intentional over the next quarter in educating clinicians on care management opportunities.

PHP: The PHP Value Based Purchasing (VBP) Team states they started DY9 by reviewing the end-of-year performance on utilization and quality metrics. During discussions with PCMH groups in DY9 Q1, the VBP team included the PHP Performance Improvement (PI) team to discuss women's health measures and pediatric measures with a focus on how to improve performance. The PHP VBP team educated groups on the health equity training courses available during the year as well as continuing education credit opportunities. Historically, ED visits and readmissions tend to increase early in the year. Additionally, 3 new rural small volume groups were newly enrolled by the end of DY8. PHP VBP team is focusing on all recent PCMH groups to address ED visits and readmissions.

WSSC: WSSC reports they have interdisciplinary teams that monitor claims and data systems for Emergency Department (ED) utilization and/or readmissions. The Member Connections (MC) team monitors members with 4 or more ED visits in the last 30 days or who may have co-existing mental health or substance use disorders or dependence. Ongoing education is provided on proper use of the ED system, partnering with the healthcare team, navigating the healthcare system, and accessing community-based resources to manage their condition. WSSC also utilizes targeted interventions identified through the Performance Improvement Teams to address priority measures. The mPulse mobile is an intervention program that engages members through text messaging on an opt in basis. WSSC conducts interdisciplinary rounds with clinical and non-clinical staff to review and assist members who are identified as high utilizers including those with hospital readmissions. WSSC also offers a Value-Added Home Respite Bed service, focused on reducing inpatient psychiatric hospital readmissions. WSSC BH Liaison/Care Coordinators are assigned to members during their stay and partner with the Heading Home staff to support a safe and successful transition back to the community. The Value Based Purchasing (VBP) program works with PCMH providers

to review health screening and outcome metrics to improve overall member care. PCMH providers utilize daily inpatient census and discharge reports on the Provider Portal to help monitor and care members.

## CARE COORDINATION MONITORING ACTIVIES

Care Coordination Monitoring Activities	
DY9 Q2	<p>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 show performance benchmarks of 85% were met, or exceeded, for timely completion of Health Risk Assessments (HRAs) for members with a change in health condition, Comprehensive Needs Assessments (CNAs) and Comprehensive Care Plans (CCPs).</p> <p>The aggregate completion rate for HRAs for ‘new to Medicaid’ members was 72% in DY9 Q1, down from 99.7% in DY8 Q4. The substantial decrease in compliance was due to an issue that HSD discovered while reviewing PHP’s low number of HRAs due for New to Medicaid Centennial Care members. PHP had not been conducting HRAs for New to Medicaid members with retro-eligibility. HSD reminded PHP that retro-eligibility does not alter the member’s enrollment date and, therefore, PHP was required to complete HRAs for any of the 73,698 members with retro-eligibility who had not been outreached to between 1/1/2020 and 9/1/2021. These assessments were counted as being due and not completed timely in DY9 Q1. PHP determined there were 65,579 members that required initial outreach. HSD required PHP to take appropriate action to complete outstanding HRAs. PHP provided weekly updates to HSD and met frequently to ensure compliance. PHP completed the outstanding HRA outreach in DY9 Q2. The aggregate completion rate for HRAs for members with a ‘change in health condition’ increased from 92% in DY8 Q4 to 98% in DY9 Q1.</p> <p>Aggregate completion percentages for CNAs for CCL2 members remained at 96% from DY8 Q4 to DY9 Q1. Aggregate completion percentages for CNAs for CCL3 members increased from 94% in DY8 Q4 to 95% in DY9 Q1.</p> <p>Aggregate completion percentages of CCPs for CCL2 members decreased from 97% in DY8 Q4 to 95% in DY9 Q1. Aggregate completion rates for CCPs for CCL3 members decreased from 97% in DY8 Q4 to 96% in DY9 Q1.</p>

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Report 6 includes MCO strategies for engaging and retaining members. Consistent and timely assessment and touchpoint completion is vital to engendering member trust. In DY9 Q1, MCOs reported on multiple strategies to retain engagement with members, many who have never had face to face interactions with their care coordinators due to the Public Health Emergency (PHE). All MCOs reported conducting motivational interviewing training several times in DY9 Q1. BCBS identified care coordinators with lower engagement rates and managers conducted targeted training with these care coordinators. PHP worked to improve their communication with members at the time of the HRA to ensure members understand how Care Coordination works and the value it can bring to the member. WSCC completed outreach to parents whose children had not met the Well Child Performance Measure target, post-partum members, members who utilized the Emergency Department and members who generated a notification of pregnancy. All MCOs organized and led, or participated in, community outreach events distributing Personal Protective Equipment (PPE), food boxes, baby car seats, and supplies for newborns as well as school backpacks and supplies in DY9 Q1.

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 Q2 through DY9 Q1. DY9 Q2 data will be reported in DY9 Q3.

**Table 5 – Care Coordination Monitoring**

MCO Performance Standards	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
<b>HRAs for new Members</b>	<b>99.3%</b>	<b>99.5%</b>	<b>99.7%</b>	<b>72%</b>
BCBSNM	99.9%	99.8%	99.9%	99.9%
PHP	93%	96%	96%	45%
WSCC	100%	100%	100%	100%
<b>HRAs for Members with a change in health condition</b>	<b>93%</b>	<b>90%</b>	<b>92%</b>	<b>98%</b>
BCBSNM	100%	100%	100%	100%
PHP	88%	86%	90%	98%
WSCC	100%	100%	100%	100%
<b>CNAs for CCL2 Members</b>	<b>94%</b>	<b>94%</b>	<b>96%</b>	<b>96%</b>
BCBSNM	86%	85%	90%	92%
PHP	98%	97%	98%	98%
WSCC	99.9%	99.8%	99.7%	100%
<b>CNAs for CCL3 Members</b>	<b>94%</b>	<b>91%</b>	<b>94%</b>	<b>95%</b>
BCBSNM	83%	77%	86%	88%
PHP	98%	96%	97%	98%
WSCC	100%	100%	100%	100%
<b>CCPs for CCL2 Members</b>	<b>95%</b>	<b>96%</b>	<b>97%</b>	<b>95%</b>
BCBSNM	88%	88%	91%	87%
PHP	99%	99.6%	100%	99.3%
WSCC	94%	99%	98%	99%
<b>CCPs for CCL3 Members</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>	<b>96%</b>
BCBSNM	92%	93%	92%	90%
PHP	99%	99.6%	99%	99%
WSCC	99%	98%	97%	100%

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

In DY9 Q1, 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 Comprehensive Needs Assessments (CNAs) and required touchpoints. The report identifies whether MCOs are able to continue to provide Care

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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 DY9 Q1 were above 90% for all assessments and touchpoints conducted telephonically. In subsequent months, the MCOs attempt to conduct assessments and touchpoints that were not completed in prior months. The table below details the MCOs' DY8 Q2 to DY9 Q1 completion of Bi-Weekly Telephonic In Lieu of Face-To-Face visits. DY9 Q2 data will be reported in DY9 Q3.

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

<b>TELEPHONIC IN LIEU OF FACE TO FACE VISITS</b>	<b>DY8 Q2</b>	<b>DY8 Q3</b>	<b>DY8 Q4</b>	<b>DY9 Q1</b>
<b>Initial CNAs completed</b>	<b>2,522</b>	<b>2,056</b>	<b>2,318</b>	<b>1,999</b>
BCBSNM	1,114	917	995	887
PHP	1,171	964	1,116	946
WSCC	237	175	207	166
<b>Initial CNAs not completed due to COVID-19</b>	<b>69</b>	<b>39</b>	<b>58</b>	<b>107</b>
BCBSNM	69	37	51	50
PHP	0	2	7	57
WSCC	0	0	0	0
<b>Annual CNAs completed</b>	<b>7,560</b>	<b>5,765</b>	<b>6,496</b>	<b>6,105</b>
BCBSNM	2,771	2,267	2,439	2,317
PHP	4,179	3,021	3,627	3,329
WSCC	610	477	430	459
<b>Annual CNAs not completed due to COVID-19</b>	<b>762</b>	<b>618</b>	<b>616</b>	<b>635</b>
BCBSNM	326	240	239	212
PHP	436	378	377	423
WSCC	0	0	0	0
<b>Semi-annual CNAs completed</b>	<b>598</b>	<b>544</b>	<b>577</b>	<b>436</b>
BCBSNM	168	212	197	153
PHP	351	281	305	216
WSCC	79	51	75	67
<b>Semi-annual CNAs not completed due to COVID-19</b>	<b>30</b>	<b>48</b>	<b>44</b>	<b>22</b>
BCBSNM	22	42	39	19
PHP	8	5	5	3
WSCC	0	1	0	0

<b>Quarterly in-person visits completed</b>	<b>1,643</b>	<b>1,385</b>	<b>1,734</b>	<b>1,314</b>
BCBSNM	667	576	716	508
PHP	904	748	968	758
WSCC	72	61	50	48
<b>Quarterly in-person visits not completed due to COVID-19</b>	<b>85</b>	<b>67</b>	<b>125</b>	<b>93</b>
BCBSNM	6	5	6	1
PHP	79	62	119	92
WSCC	0	0	0	0
<b>Semi-annual in-person visits completed</b>	<b>6,568</b>	<b>6,744</b>	<b>7,184</b>	<b>4,924</b>
BCBSNM	1,115	964	1,113	847
PHP	5,086	5,294	5,536	3,670
WSCC	367	486	535	407
<b>Semi-annual in-person visits not completed due to COVID-19</b>	<b>533</b>	<b>559</b>	<b>689</b>	<b>427</b>
BCBSNM	11	5	4	3
PHP	522	554	685	424
WSCC	0	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 DY9 Q1, 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 (IP) hospital stay or Nursing Facility (NF) to the community adequately address the members' needs, including the need for Community Benefits: Transition of Care Audit.
- Confirmation that members are being correctly referred for a Comprehensive Needs Assessment (CNA) if triggered by a completed Health Risk Assessment (HRA): Health Risk Assessment and Care Coordination Level Audit.
- Placement of members in the correct Care Coordination Level (CCL), based on information in the CNA and criteria outlined in contract: Health Risk Assessment and Care Coordination Level Audit.

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

Care Coordination staff.

HSD audits 15 member files per category, per MCO, quarterly for a total of 45 DTE, 45 UTR, 45 RCC, 30 HRA, 30 CCL, 30 TOC from In-Patient (IP) to community and 30 Nursing Facility (NF) to community.

The table below details the Care Coordination Categorization Audit results for DY8 Q2 to DY9 Q1. DY9 Q2 data will be reported in DY9 Q3.

**Table 7 - Care Coordination Categorization Audit**

Care Coordination Categorization	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
<b>Difficult to Engage (DTE)</b>	<b>65%</b>	<b>87%</b>	<b>88%</b>	<b>100%</b>
BCBS	60%	93%	97%	100%
PHP	67%	70%	73%	100%
WSCC	67%	98%	93%	100%
<b>Unable to Reach (UTR)</b>	<b>68%</b>	<b>44%</b>	<b>89%</b>	<b>92%</b>
BCBS	53%	0%	86%	X*
PHP	85%	33%	87%	X*
WSCC	67%	99%	93%	92%
<b>Refused Care Coordination (RCC)</b>	<b>82%</b>	<b>93%</b>	<b>96%</b>	<b>92%</b>
BCBS	92%	93%	87%	93%
PHP	87%	100%	100%	87%
WSCC	67%	85%	100%	95%

Source: HSD Quarterly Care Coordination Categorization Audits

Percentages in bold are MCO averages

\*See below for details regarding BCBS/PHP UTR IAPs

HSD implemented 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. During this IAP, BCBS and PHP UTR audits have been suspended. Both BCBS and PHP achieved over 94% compliance in their DY9 Q1 IAP reports.

HSD noted that DY9 Q1 Care Coordination Categorization audit results showed an increase in compliance from DY8 for Difficult to Engage (DTE) members – from 88% to 100% - and Unable to Reach (UTR) members – from 89% to 92% and a decrease in compliance for members Refusing Care Coordination (RCC) – from 96% to 92%.

In addition to HSD submitted audit findings, a discussion of DY9 Q1 audit results occurred with all MCOs, at the Quarterly Care Coordination Meeting, to clarify HSD expectations and requirements. Specific areas addressed were:

- Member files being incorrectly included in audit universes;
- Inconsistent documentation on timeliness of outreach; and
- Conflicting documentation on member Care Coordination Levels.

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.

HSD notes that all MCOs are conducting additional, targeted outreach to members who have been UTR or DTE for a significant amount of time. These projects have been successful in engaging additional members and categorizing them appropriately. HSD directed MCOs to increase the clarity of documentation to ensure member files include notation of the special outreach project.

The table below details the Transition of Care Audit results for DY8 Q2 to DY9 Q1. DY9 Q2 data will be reported in DY9 Q3.

**Table 8 - Transition of Care Audit**

Transition of Care	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
<b>In-Patient</b>	<b>89%</b>	<b>93%</b>	<b>98%</b>	<b>99%</b>
BCBS	82%	87%	95%	98%
PHP	96%	99%	100%	98%
WSCC	x*	x*	100%	100%
<b>Nursing Facility</b>	<b>96%</b>	<b>96%</b>	<b>98%</b>	<b>99.9%</b>
BCBS	92%	99%	97%	99.7%
PHP	98%	99%	97%	100%
WSCC	99%	91%	100%	X*

Source: HSD Quarterly TOC Audits

Percentages in bold are MCO averages

\*WSCC had no IP transitions in DY8 Q2 or DY8 Q3 and no NF transitions in DY9 Q1.

Results of the DY9 Q1 TOC Quarterly Audits showed improvement in:

- Coordination with discharge planners for members discharging from an In-Patient

- (IP) setting to the community;
- Compliance with all required elements of the three-day post-discharge in-home assessment; and
- Documentation of Community Benefits needed, and provided, post discharge.

Areas that needed improvement were related to:

- Files for members outside of the audit scope being incorrectly included in the audit universe;
- Post-discharge assessments being completed prior to discharge; and
- Clear documentation of MCO notification of member transition.

HSD provided detailed findings, reiterated contract requirements, and stressed the importance of comprehensive documentation. HSD noted that aggregate rates of compliance rose for IP to Community TOC members from DY8 Q4 (98%) to DY9 Q1 (99%) and for NF to the Community members from DY8 Q4 (98%) to DY9 Q1 (99.9%). 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 Q2 to DY9 Q1. DY9 Q2 data will be reported in DY9 Q3.

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

HRA/CCL Audit	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
<b>Health Risk Assessment (HRA)</b>	<b>92%</b>	<b>97%</b>	<b>96%</b>	<b>95%</b>
BCBS	85%	100%	99%	98%
PHP	99%	98%	90%	88%
WSCC	93%	94%	99%	100%
<b>Care Coordination Level (CCL)</b>	<b>95%</b>	<b>91%</b>	<b>94%</b>	<b>94%</b>
BCBS	92%	91%	93%	99%
PHP	98%	99%	93%	99%
WSCC	94%	82%	96%	83%

Source: HSD Quarterly HRA and CCL Audits  
 Percentages in bold are MCO averages

Results of the HRA Audit showed that the MCOs consistently met all contract requirements when completing HRAs. HSD noted that aggregate rates of compliance decreased from DY8 Q4 (96%) to DY9 Q1 (95%). HSD requested, and received, updates on specific audited

members and ongoing training provided to Care Coordination staff.

Aggregate rates of compliance for the CCL Audit remained at 94% from DY8 Q4 to DY9 Q1. Discrepancies identified in the Care Coordination (CCL) Audit were primarily related to members who met requirements for Care Coordination Level Three (CCL3) but were categorized at Care Coordination Level Two (CCL2). HSD requested clarification on these categorizations from the MCOs. The majority of MCO responses cited incomplete documentation of member requests for a lower level of care. HSD reiterated the need for robust documentation and requested that the MCOs re-assess identified members to determine the correct Care Coordination Level, per contract and policy. HSD received updates from the MCOs on the re-assessments requested. MCOs provided updates on the recategorization of members to a higher level of care and more detailed documentation for those members requesting to remain at a lower level of care.

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

HSD conducted 4 virtual CNA ride-alongs with MCO care coordinators in DY9 Q1 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 annual virtual CNAs conducted by PHP and BCBS. HSD scheduled 1 additional virtual ride-along with WSCC 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:
  - Additional training for care coordinators related to active listening skills;
  - Targeted motivational interviewing training;
  - Re-training on conducting assessments telephonically; and
  - Ensuring all contract required elements of the CNA are addressed

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

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

HSD conducted 9 virtual HRA ride-alongs with MCO care coordinators in DY9 Q1 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 explained to members that they could request Care Coordination in the future if they would like assistance.
- HSD noted opportunities for improvement that included:
  - Ensuring that assessors explain the purpose of the HRA;
  - Ensuring that assessors thoroughly explain the services available through Care Coordination; and
  - Ensuring all contract required topics are addressed in HRA.

HSD revised the Standardized HRA, in DY9 Q1, to include guidelines for assessors to follow when providing information of the full scope of services available through Care Coordination. HSD reviewed the revised HRA with all MCOs, received positive feedback, and observed how these guidelines were being utilized during observed HRAs in DY9.

### **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 DY9 Q1 Quarterly Meeting on March 16, 2022 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 Q4 audits of member categorization, Health Risk Assessments (HRAs), Care Coordination Levels (CCLs) and compliance with Transition of Care (TOC) requirements.
- Results of the DY8 Q4 audits of CISC member categorization, Health Risk Assessments (HRAs) and Care Coordination Levels (CCLs).

In addition to the All MCO Quarterly Care Coordination Meeting, HSD conducted the final 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 DY9 Q1 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, the definition of Care Coordination that the MCOs are providing to members during their HRA and the use of auto-dialers for initiating HRA outreach. All MCOs provided positive feedback to the workgroups, expressed appreciation for shared strategies to increase engagement, and provided new plans for measuring member satisfaction.

## **BEHAVIORIAL HEALTH**

The Behavioral Health Services Division (BHSD) continues to maintain and expand critical behavioral health services established during the COVID-19 public health emergency. As providers welcome their patients back to in-office visits, telehealth continues to expand and be one of the greatest resource improvements, expanding capacity by reaching those in the most rural and frontier areas of the state.

Due to claims lag (minimally 90 days) and timing of the quarterly report, the data historically doesn't appropriately reflect performance of behavioral health activities in the following areas: telehealth, telephonic service delivery and supportive housing. To address this issue HSD made the decision to reflect the time period prior to the current reporting quarter beginning with DY9 Q3. For this reporting period, telehealth, telephonic service delivery and supportive housing will submit data as reflected on July 31, 2022, for the time period April – June, 2022. DY9 Q3 will reflect *refreshed* data for the time period April – June, 2022.

In DY9 Q2, a total of 38,082 Medicaid Members received behavioral health services through telehealth. This quarter's total did see a slight decrease of 9.5 percent compared to the Q1 total of 42,088 persons served through this medium. Of those served in DY9 Q2 through telehealth, 15,313 persons reside in rural or frontier counties. This accounts for 40 percent of those served and is reflective of client and provider preferences and the high value of telehealth in New Mexico's rural and frontier landscapes

In DY9 Q2, 27,433 Members received services through this modality compared to 29,445 in Q1 which is a decrease of 4,710 people or a decrease of 16 percent. As the timing of this report occurs soon after the end of the quarter, the results reported at this time are not final for telehealth nor telephonic services and will be refreshed next quarter when claim lag is no longer present so the result of those served during Q2 will likely increase. BHSD continues to evaluate which behavioral health services are appropriate to continue delivery through

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telephone when the public health emergency is over, but this option has undoubtedly been a critical link to services during the COVID-19 crisis.

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

Treat First has taken on an even more critical role during the COVID-19 crisis. As depression, anxiety and other behavioral health needs surge from the stresses related to COVID-19, Treat First engages clients quickly in services that address their immediate needs. Treat First agencies have seen 2,507 new clients during the first six months of 2022. With support from the Treat First agencies, 23.3% 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 very low, only 8.6%. This is impressive particularly during the pandemic and significantly 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.

In DY9 Q2, SBIRT utilization reduced 15 percent to 1,219 persons served compared to 1,436 in the prior quarter. On a monthly average, 418 persons received SBIRT in Q2 whereas in the prior quarter the average was greater at 513 per month. This average for the first six months of DY9 is 465, with 2,501 unique beneficiaries being served with SBIRT. This reduction in SBIRT for Q2 is contributed to claims lag which is present for 90-days following the end of the quarter and totals will be refreshed in future reports to reflect total persons

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served as claim runout will have been met.

### ***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 DY9, 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.

In DY9, HSD continues to focus 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 DY9 Q2, the total number of persons served with a SUD in an IMD was 2,263, which is a 33.8 percent decrease compared to DY9 Q1 (3,418 persons). The unduplicated total of persons served during the first two quarters of the report period is, 4,926 with 69 percent of those served occurring in Q1. As the performance for CY22 Q2, reflects a drop in those served compared to the prior quarter, it is important to note that the data is impacted by claim lag, and the refreshed total in the next quarter will more accurately reflect the utilization in the IMD setting with an SUD.

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

For DY9 HSD continues actively working to develop the necessary SUD Health IT capabilities to support member health outcomes and address the SUD goals of the demonstration. New Mexico has developed a workgroup to review our Health IT plan to ensure the progress and support of each milestone.

Utilization of the New Mexico Prescription Monitoring Program (NM PMP) continues to

increase the number of providers that are utilizing it. 89.52% of providers have been checking prescriptions which is a 2.82% increase over the previous year which was 87%.

The Drug Utilization Review committee led by HSD's pharmacist continues to meet quarterly to review the program developed to monitor controlled substance prescribing through information technology against Medicaid claims data. It is attended by all MCOs as well as the Medicaid Management Information System (MMIS) staff.

Project ECHO continues to train providers on pain management, however DY9 Q2 showed a 39% decrease in the number of providers attending, from 459 to 282, but showed an increase of 54% in the number of sessions held; from 33 to 72. Advertising for these sessions is expanding to multiple web sites and list serves.

ECHO trainings, the New Mexico Bridge Project expanded training on prescribing for opioid use disorder for hospital emergency departments, inpatient and related clinics throughout the state. The Project completed training in 5 rural hospitals, including 2 that are Indian Health Services. The Project, is working with 4 additional hospitals in rural settings to provide trainings. As part of this project all prescribing practitioners have attained their waivers to prescribe buprenorphine. The web site which was established as part of this project is . Project's trainings include buprenorphine initiation, responsible opioid prescribing, treatment in clinic settings, OUD in pregnancy, neurobiological basis of SUD, case reviews, toxicology updates, "blue" fentanyl updates, and more. Prescribing practitioners attain waivers to prescribe buprenorphine upon training completion. More information on the Project can be found here: <https://nmbridge.org/>.

To further support all prescribing practitioners working with individuals with opioid use disorders and other substance use disorders, the University of New Mexico's poison center established a 24/7/365 call in center for prescribing practitioners to assist with complex cases.

The Emergency Department Information Exchange (EDIE) is utilized by all hospitals, behavioral health homes, and managed care organizations. It contains a medication history for each registered patient and sends a real time message to all enrolled organizations as to a patient's emergency department visit. This triggers care coordinators to act on transitional services or other needed assistance.

The Centennial Care MCOs 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 vendors for the new MMIS will be designing and implementing enhanced data 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.

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

A total of 10 providers have been approved since the onset of the application process. During DY9 Q2 BHSD worked with six providers in completing the Adult Accredited Residential Treatment Center (AARTC) application. Three providers are in various stages of the application process and are submitting required documentation for review. Two providers are working through rate development and one provider has received approval of interim rates and has continued the process of contracting with the Managed Care Organizations (MCOs) for reimbursement. In the table below Providers are listed by the last three digits of their Medicaid identification number. NA indicates the time period prior to becoming a Medicaid provider.

**Table 10 – AARTC Client Counts**

MEDICAID CLIENT COUNTS				
PROVIDER #	DY8 Q3	DY8 Q4	DY9 Q1	DY9 Q2
716	0	0	0	0
050	0	0	0	0
090	52	35	38	29
037	269	321	244	107
081	5	0	6	5
589	3	0	0	0
332	N/A	N/A	0	5
049	N/A	N/A	21	7
825	N/A	N/A	N/A	0
896	N/A	N/A	N/A	0
<b>Unduplicated Total</b>	<b>329</b>	<b>356</b>	<b>309</b>	<b>153</b>

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

For the ten 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 Q3 and Q4 of DY8 and Q1 and Q2 DY9. Clients counts for DY 9 Q1 have been adjusted to reflect actual number of clients served. Client counts may be impacted by claim lag up to 120 days

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following the end of the recent quarter.

The utilization of the Medicaid services shows a decrease from DY9 Q1 to DY9 Q2, which may be attributed to the 90-day lag in claims submitted for DY9 Q2. It is expected that numbers will increase as actuals counts are adjusted in DY9 Q3 to account for claim lag. Further analysis is warranted to ensure counts are accurately reported and represented for those providers. Provider sites to receive distinct identification numbers to ensure accuracy in client counts.

HSD continues discussing next steps to developing AARTC rates. Rates are being 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 the chronic conditions of 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 physical health conditions which drives the integrated care and “whole person” philosophy and practice. What is also indicative of whole person care is the concept of the individual as a collaborative participant in planning for care that is based on their preferences, needs, and values.

The CLNM HHs have 5 goals: 1) Promote acute and long-term health; 2) Prevent risk behavior; 3) Enhance member engagement and self-efficacy; 4) Improve quality of life for individuals with SMI/SED/SUD; and 5) Reduce avoidable utilization of emergency department, inpatient and residential services. These goals have guided the services within the CLNM HHs. The services are recorded in an automated system, BHSD Star, and success is measured through pre-determined parameters, HEDIS quality indicators, and member surveys.

## CLNM Health Home Activities

### DY9 Q2 Activities

Insufficient staffing levels remain one of the major impediments to increasing membership. Three of the health homes had lost their directors, however quarter DY9 Q2 reflects a full contingent of directors, but a lack of other qualified staff. Within the 13 health home sites there are only 3.5 health promotion coordinators, 4.75 community liaisons responsible for maintaining referral sites within the community, 13.75 certified peer support workers, and 1.25 certified family support workers, all of whom complement the care coordinator staffing. DY9 Q2 showed an increase of 5 staff, from 167 to 172, across all CLNM HHs. However, turnover numbers were higher.

As many of the staff are comparatively new, an education series is underway. Each of the health homes conducts a session on an aspect of the service for which they do exceptionally well. DY9 Q2 had the first two sessions which were attended by all CLNM staff. The first was a peer support program. The health home presenting has 7 certified peer support staff (CPSW) and 1 family peer support person. Their CPSWs have lived experience in either SMI, SED, or SUD, and are matched with clients accordingly. They do the initial intake, explain the program, verify Medicaid eligibility, and note the client's immediate needs. Other areas discussed were the concept of boundaries, the client driven aspect of the service along with support towards self-sufficiency, as well as assistance with all aspects of other social determinants of health.

The second session was focused on health promotion conducted by one of New Mexico's pueblos. Their health promotion coordinator is a nurse describing her role as a "dream job". Components of their program are health and fitness education classes with individual assessments for all clients, including vitals, weight checks and glucose and blood pressure monitoring. They have a diabetes self-management education program, a heart health program that includes recipes and understanding risk, a nutrition program which includes a collaboration with New Mexico's Farmers' Market Association which doubles food bucks from the HSD SNAP program if fresh fruits and vegetables are purchased. All participants are given

a health journal which is a 90-day food, fitness, and well-being tracker. They ensure colorectal cancer screening & prevention occurs, have first aid and CPR training, and monthly seminars designed for either adults or adolescents covering many subjects. By having one of the health homes' health promotion coordinators describing their program, it offers the opportunity for collaboration with other health promotion coordinators across sites.

Future sessions include service tracking in the CLNM IT system as a part of workflow; safety planning for suicide and depression risk; and transitional services.

Activities which have been completed or are in process for the addition of SUD eligibility includes adding a SUD prescriber to the agency that includes a health home or completing a memorandum of agreement (MOA) with another community MAT provider; adding IOP to their agency or completing an MOA with another community provider; MOAs with SUD residential facilities; training on ASAM criteria; and naloxone training and stocking within the agency. The CLNM HHs are also training on the Children and Adolescent Needs and Strengths (CANS) screening tool which will either replace or supplement the adolescent needs assessment which is currently utilized.

Member enrollment, despite staffing shortages, remained fairly consistent in DY9 Q2 moving from 4,359 members to 4,338 or a 0.48% decrease.

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

NUMBER OF MEMBERS ENROLLED IN HEALTH HOMES								
DY8 Q2 APR - JUN	% CHANGE	DY8 Q3 JUL - SEPT	% CHANGE	DY8 Q4 OCT - DEC	% CHANGE	DY9 Q1 JAN - MAR	% CHANGE	DY9 Q2 APR-JUNE
4,183	4%	4,264	1.90%	4,367	2.40%	4,384	0.40%	4,338

Source: NMStar, CLNM Opt-in Report,

**SUPPORTIVE HOUSING**

The supportive housing benefit in Centennial Care 2.0 (CC 2.0) provides Medicaid eligible

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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 increased from having 6 to 9 CPSWs assigned to deliver Linkages supportive housing services; this provider actively and consistently utilizes the H0044 code for reimbursement. Another Linkages provider has 1 CPSW to render Linkages support services; this provider amended their existing contracts with MCOs to allow for H0044 reimbursement and began billing in January 2022. A third provider identified 1 CPSW within their existing staff to render Linkages support services, amended their existing contracts with MCOs to allow for H0044 reimbursement, and began billing in December 2021; this provider intends to expand utilization of H0044 in State Fiscal Year 2023, which begins July 1, 2022. A fourth Linkages provider hired 1 CPSW in December 2021 and worked with the MCOs to amend their contracts to allow for H0044 reimbursement. A fifth Linkages provider has met with BHSD to further discuss next steps to pursue utilization of H0044 code; this provider has met with their agency leadership team, are actively seeking to hire a CPSW, and plans to contact the MCOs to amend their contracts.

The Linkages providers that have secured a CPSW to render supportive housing services relative to H0044 have also updated their agency's electronic health record (EHR) systems to allow for appropriate documentation, revised workflows to clarify the process for H0044 delivery and documentation for billing. The remaining Linkages providers (6) continue to consider hiring CPSW staff for Linkages programming and/or are actively seeking CPSWs to hire, while utilizing case managers, community support workers, and supportive housing coordinators to render these services. There are 11 Linkages support service providers, and the interest of all providers not yet utilizing H0044 has increased with the progress made with the providers who have established H0044 reimbursement. The BHSD Supportive Housing Coordinator has been working with the BHSD MCO Contract Managers and MCOs to ensure successful processing establishment and billing of H0044 for the providers, as well as the MCOs submit a quarterly Ad Hoc report about H0044 encounters.

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 continued challenges with hiring and vacancies within their agencies during the COVID-19 pandemic. Providers continue to receive information, education, and training about the value of CPSW utilization and shifting to Medicaid reimbursement through Supportive Housing trainings, the Linkages policy manual, on-going technical assistance from the BHSD Supportive Housing Coordinator 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 every 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 and 2023 include an item specific to Medicaid and H0044.

**Table 12: Medicaid Supportive Housing Utilization**

MEDICAID SUPPORTIVE HOUSING UTILIZATION			
(January 1, 2022 – June 30, 2022)			
DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4
58	66		
Unduplicated Total - 76			

\* Claims lag may be present up to 90 days after the end of the quarter.

Source: Medicaid Data Warehouse

As a result of legislative sessions, an increase of State General Funds (SGF) for State Fiscal Years (SFY) 2021 and 2023 was and will be applied to Linkages programming. The funding increases allow HSD to expand Linkages services that are not covered by Medicaid. HSD also utilizes these funds to support rental assistance vouchers for eligible Linkages clients. In SFY20, funding allowed for 160 households to receive a rental assistance voucher and support services; in SFY21, the funding increased to support 318 households. In SFY23, the capacity of households served with a voucher will be 338. 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 Q2, 311 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 and SFY23, the Linkages budget will maintain the SFY21 site expansion. The increased funding in FY23 will support increased rent costs.

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

In DY9 Q2, the Centennial Home Visiting (CHV) pilot program served 299 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 86 unique families in Bernalillo County and Valencia County.
- Youth Development Inc. (YDI) served 41 unique families in Bernalillo, Rio Arriba, Torrance, and Sandoval counties.

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

- UNM CDD PAT served 34 unique families in Bernalillo and Valencia County.
- ENMRSH still served 19 unique families in Curry County and Roosevelt County at their capacity.
- Taos Pueblo/Tiwa Babies served 12 unique families in Taos County.
- MECA Therapies served 119 unique families in Chaves, Curry, Dona Ana, and Lea Counties.

CHV program continues steady growth in access to Medicaid members via new providers and additional service areas. Five programs are in various stages of the onboarding process.

- Community Action Agency of Southern New Mexico's program Thriving Kids Home Visiting is working through the enrollment with managed care organizations. One

contract is complete and 2 are pending. This program will be serving Doña Ana and Otero Counties.

- Presbyterian Medical Services (PMS) has completed the contract amendments with the managed care organizations and is waiting for their first referrals from the MCOs.
- Cariño Home Visiting is ready for Medicaid enrollment and has hired two staff. The staff also needs to complete PAT training. This provider will be serving Otero and Doña Ana Counties.
- Day One Home Visiting Tresco is in the process of hiring staff. They will serve Bernalillo and Santa Fe Counties.
- Guidance Center of Lea County has just started the onboarding process. They are approved for 20 families in Lea County.

A workgroup made up of CHV providers, MCOs, program participants and stakeholders continue to meet on monthly basis to for case study discussion, technical assistance, process discussions, referral, and program capacity updates. Medicaid with its partnering organization Early Childhood Education and Care Department is working to create a centralized referral system and provider manual located on the Human Services Department website.

## **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 738 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,

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and submit on-going Medicaid applications. PE program staff conducted 5 PE certification trainings and 4 YESNM-PE demo refresher trainings in DY9 Q2.

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 218 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 (April - June 2022)					
Month	Newborns Submitted through AVA	Newborns Successfully Enrolled	Newborns Unsuccessfully Enrolled - Tasks Created	% of Newborns Successfully Enrolled	% of Newborns Unsuccessfully Enrolled
April	660	261	399	40%	60%
May	741	450	291	61%	39%
June	699	406	293	58%	42%
<b>Total</b>	<b>2,100</b>	<b>1,117</b>	<b>983</b>	<b>53%</b>	<b>47%</b>

Source: Accenture Baby Bot dashboard RPA activity detail daily report

In DY9 Q2, 51 PEDs used the Baby Bot functionality. Although there is steady use of PED participation, we noticed a slight increase in the number of newborns added through Baby Bot. In this reporting period staff did see an increase with 53% of Newborns Successful Enrolled”. HSD program staff continue to work with PEDs and system developers to increase the number of newborn submissions as well as the number of successful submissions through the Baby Bot.

**Table 14: PE Approvals**

PE APPROVALS (April - June 2022)				
Month	PEs Granted	% PE Granted with Ongoing Applications Submitted	Total Individuals Applied	Individuals Approved
April	128	99.22%	586	392
May	119	100.00%	546	423
June	133	100.00%	509	233
<b>Total</b>	<b>380</b>	<b>99.74%</b>	<b>1,641</b>	<b>1,048</b>

Source: Monthly PE001 Report from ASPEN and OmniCaid

PE approvals outline the numbers of PE approvals granted and the total number of on-going applications submitted and approved. NM PEDs are aware of the importance of on-going Medicaid coverage for their clients. This is reflected by the increase of PE approvals that also had an ongoing application submitted in DY9 Q2. In DY9 Q2 99.74% of all PE approvals also had an ongoing application submitted.

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## **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, outpatient/inpatient residential treatment for SUD) 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 slight increase in the amount of PE and on-going applications submitted in the jail/prison setting. In DY9 Q2 100% of all JUST Health PE approvals had an ongoing application submitted.

**Table 15: PE Approvals**

<b>PE APPROVALS – JUST HEATH</b> (April - June 2022)				
<b>Month</b>	<b>PEs Granted</b>	<b>% PE Granted w/ Ongoing Applications Submitted</b>	<b>Total Individuals Applied</b>	<b>Individuals Approved</b>
April	6	100.00%	36	30
May	8	100.00%	50	45
June	4	100.00%	40	37
<b>Total</b>	<b>18</b>	<b>100.00%</b>	<b>126</b>	<b>112</b>

Source: Monthly PE001 Report from ASPEN and OmniCaid

# 7

## HCBS REPORTING

In accordance with Standard Terms and Conditions (STCs) outlined in Attachment A, VI – HCBS Reporting, New Mexico is providing the following required reporting elements in this section:

- A status update that includes the type and number of issues identified and resolved through the Consumer Support Program.
- Identification of critical incidents reported during the quarter Systemic Community Benefit (CB) issues or problems identified through monitoring and reporting processes and how they are being addressed. Issues include but are not limited to: participant access and eligibility, participant-centered planning and service delivery, provider credentialing and/or verification, and health and welfare.
- Information regarding self-direction of benefits.

Additionally, this section addresses the STC 43 requirement to comply with federal 1915(c) waiver assurances and other program requirements for all HCBS services, including 1915(c)-like services provided under the demonstration by having an approved Quality Improvement Strategy measuring performance indicators for the following waiver assurances:

- Administrative Authority;
- Level of Care (LOC);
- Qualified Providers;
- Service Plan;
- Health and Welfare of Enrollees; and
- Financial Accountability.

**Critical Incidents**

Critical Incidents	
DY9 Q2	<p>HSD conducts a quarterly meeting with MCOs. The goal of the quarterly meeting is to provide guidance and discuss findings of the MCO’s reporting of critical incidents.</p> <p>The quarterly meeting was held on May 18, 2022. The primary discussion was regarding Neglect (Refusing Services) and Neglect (Insufficient Staffing) COVID-19 critical incident reports. In order to maintain oversight and compliance, HSD requested each MCO report on specific issues and barriers contracted agencies experienced during the reporting of these events. The MCOs were asked to provide details of actions taken by the MCOs to support the agencies, the status of each of the actions and to identify if the actions were effective at each quarterly meeting.</p> <p>HSD conducted daily reviews of critical incidents submitted by the MCOs and providers for the purpose of ensuring compliance with reporting requirements. In addition, HSD completed a weekly Concerns List which identifies specific errors in the report. The Concerns List is sent to MCOs for correction and/or follow-up.</p> <p>HSD provided daily assistance to MCOs and providers to obtain access to the Critical Incident Reporting (CIR) Portal by establishing and/or resetting login credentials as well as deleting duplicate reports.</p>

The table below represents a MCO summary of the critical incident reporting for DY9 Q1. DY9 Q2 data will be received on July 30,2022 and be reflected in DY9 Q3 report.

**Table 16: Critical Incidents Reported**

CRITICAL INCIDENTS REPORTED (DY9 Q1)															
MCO	CENTENNIAL CARE (CC)				BEHAVIORAL HEALTH (BH)				SELF DIRECTED (SD)				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
BCBS	7,695				230				174				7,695	230	174
PHP	17,322				500				608				17,322	500	608
WSCC	1,580				52				40				1,580	52	40
Total	26,597				782				822				26,597	782	822

Source MCO quarterly report #36

DY9 Q1 data was received on April 3, 2022. During DY9 Q1, a total of 28,201 CIRs were filed for Centennial Care which includes physical health, and subsets of behavioral health and community benefit self-directed members. Centennial Care CIRs decreased 1% in DY9 Q1 from DY8 Q4. Behavioral Health CIRs increased 7% in DY9 Q1 from DY8 Q4. Self-Directed CIRs increased 6% in DY9 Q1 from DY8 Q4. All MCOs continue to report an increase in the volume of Neglect CIRs this quarter from DY8 Q4 due to the ongoing impact of the COVID-19 pandemic.

The tables below represent MCO specific critical incident reporting for DY9 Q1.

BCBS (DY9 Q1)															
Critical Incident Types	Centennial Care				Behavioral Health				Self-Directed				Year-to-date Totals		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	103				7				6				103	7	6
Death	293				9				7				293	9	7
Elopement / Missing	2				0				0				2	0	0
Emergency Services	1,289				98				90				1,289	98	90
Environmental Hazard	19				3				1				19	3	1
Exploitation	35				2				1				35	2	1
Law Enforcement	26				2				6				26	2	6
Neglect	5,928				109				63				5,928	109	63
All Incident Types	7,695				230				174				7,695	230	174

PHP (DY9 Q1)															
CRITICAL INCIDENT TYPES	CENTENNIAL CARE				BEHAVIORAL HEALTH				SELF DIRECTED				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	191				47				29				191	47	29
Death	520				19				26				520	19	26
Elopement/ Missing	17				2				1				17	2	1
Emergency Services	5,955				281				391				5,955	281	391
Environmental Hazard	62				2				3				62	2	3
Exploitation	60				6				5				60	6	5
Law Enforcement	57				17				5				57	17	5
Neglect	10,460				126				148				10,460	126	148
All Incident Types	17,322				500				608				17,322	500	608

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WSCC (DY9 Q1)															
CRITICAL INCIDENT TYPES	CENTENNIAL CARE				BEHAVIORAL HEALTH				SELF DIRECTED				YEAR TO DATE TOTALS		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	CC	BH	SD
Abuse	27				10				2				27	10	2
Death	41				4				3				41	4	3
Elopement/ Missing	6				3				0				6	3	0
Emergency Services	245				13				28				245	13	28
Environmental Hazard	16				0				1				16	0	1
Exploitation	6				0				1				6	0	1
Law Enforcement	6				2				0				6	2	0
Neglect	1,233				20				5				1,233	20	5
All Incident Types	1,580				52				40				1,580	52	40

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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 2.0, long-term services and supports (LTSS), the MCO grievance and appeals process, and the fair hearing process.

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

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

<b>ADRC HOTLINE CALL PROFILER REPORT</b>	
<b>April - June 2022</b>	
<b>TOPIC</b>	<b>NUMBER OF CALLS</b>
Home/Community Based Care Waiver Programs	2,084
Long Term Care/Case Management	5
Medicaid Appeals/Complaints	3
Personal Care	164
State Medicaid Managed Care Enrollment Programs	20
Medicaid Information/Counseling	565

Source: SAMS Call Profiler Report; GSA I 7-630-8000-0001 CDA 93-778 State Fiscal Year 2022, Quarter 4 report

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

<b>ADRC CARE TRANSITION PROGRAM REPORT</b>			
<b>April - June 2022</b>			
<b>COUNSELING SERVICES</b>	<b>NUMBER OF HOURS</b>	<b>NUMBER OF NURSING HOME RESIDENTS</b>	<b>NUMBER OF CONTACTS</b>
Transition Advocacy Support Services			144
*Medicaid Education/Outreach	3,925		
Nursing Home Intakes		80	
**LTSS Short-Team Assistance			822

\*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.

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### ***Community Benefit***

In DY9 Q2, Community Benefit (CB) related projects have included updating the Statewide Transition Plan as requested by CMS, directing the MCOs to implement CB provider rate increases, and Self-Directed Community Benefit (SDCB) vendor transition. HSD continued to collaborate with providers, stakeholders, and state agencies to amend our proposed plan for the American Rescue Plan Act (ARPA) increased HCBS for submission to CMS. HSD requested and received approval for 200 additional CB slots to be able to serve more members who are not otherwise Medicaid eligible.

NM has identified that there are workforce shortages for Community Benefit Personal Care Services (PCS) caregivers for both Agency-Based and Self-Directed services. We are addressing this issue through the following remediations:

- Implementing rate increases for PCS and other CB services to coincide with state and local minimum wage increases, and the paid sick leave requirement for NM employees per the Healthy Workforce Act.
  - HSD continues to monitor MCO accountability to ensure minimum wage increases and paid sick leave requirements at met with weekly MCO report updates.
- Using ARPA funds for temporary economic relief payments to Community Benefit providers.
  - Issued 15% increase to providers and preparing to distribute 10% increase.
- Approving higher rates for certain caregivers in rural areas on a case-by-case basis.

### ***Electronic Visit Verification***

HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Community Benefit (ABCB), SDCB and EPSDT Personal Care Services. HSD will be submitting a Good Faith Effort Exemption request to CMS for Home Health Services. For DY9 Q2, the average number of SDCB caregivers using EVV is 72%.

Please see ABCB EVV data for DY9 Q1 outlined in the table below. The MCOs reported that 75.7% 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 (January 2022 - March 2022)		
MCO	AVERAGE NUMBER OF UNIQUE MEMBERS AUTHORIZED THIS PERIOD	NUMBER OF TOTAL CLAIMS THIS PERIOD
BCBS	7,905	419,964
PHP	14,901	869,600
WSCC	1,848	110,499
TOTAL	24,654	1,400,063

Source: MCO Report #35 DY9 Q1 January – March 2022

***Statewide Transition Plan***

In DY9 Q2, 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. NM sent an updated plan to CMS in June 2022, and CMS sent additional questions in July 2022 that NM is currently reviewing.

***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 103 total internal audits of NF LOC determinations: 18 Facility Based and 85 Community Based.
- PHP conducted 215 total internal audits of NF LOC determinations: 57 Facility Based and 158 Community Based.
- WSCC conducted 60 total internal audits of NF LOC determinations: 12 Facility Based and 48 Community Based.
- Audit results for NF LOC determinations were consistent for DY9 Q1:
  - All three MCOs reported 100% agreement with reviewer NF LOC determinations for both Facility based and Community based decisions.

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- Audit results for Timeliness of determinations:
  - PHP and WSCC reported 100% for Facility based and Community based timeliness of determinations.
  - BCBS reported 100% for Facility based and 99% in timeliness of determinations for Community based.
  - Aggregate results for MCOs timeliness of determinations is 99%.
- All MCOs reported and submitted documents of ongoing training provided to reviewers for DY9 Q1.

In DY9 Q1 HSD hired a Nurse Auditor. To ensure compliance with the requirements of the STCs. In DY9 Q2 the Nurse Auditor conducted a review of the MCO internal audits of NF LOC determinations submitted by the MCOs for DY9 Q1 and conducted technical assistance calls with each of the MCOs. The Nurse Auditor will implement the following HSD audit process to ensure MCO internal auditors are applying the HSD NF LOC criteria correctly:

- All NF LOC MCOs will use the HSD developed reporting template for future submissions of the MCO NF LOC internal audits.
- MCO's will be required to provide the member information on the files audited by the MCO in the quarterly submission.
- Nurse Auditor will request random samples of the member audits conducted by the MCO to ensure assessments are being conducted equitably and in accordance with the HSD's NF LOC criteria.

HSD will continue to monitor the MCOs' internal audits of NF LOC determinations and identify and address any concerns. The Nurse Auditor will provide technical assistance to the MCO internal auditors as needed. Additionally, the Nurse Auditor will report quarterly findings and recommendations in the CMS monitoring report commencing in DY9 Q3.

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

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Facility-Based Internal Audits	Jan	Feb	Mar	DY9 Q1
<b>High NF Determinations</b>				
<b>Total number of High NF LOC files audited</b>	<b>10</b>	<b>7</b>	<b>14</b>	<b>31</b>
BCBSNM	3	3	3	9
PHP	5	3	9	17
WSCC	2	1	2	5
<b>Total number of files with correct NF LOC determination</b>	<b>10</b>	<b>7</b>	<b>14</b>	<b>31</b>
BCBSNM	3	3	3	9
PHP	5	3	9	17
WSCC	2	1	2	5
<b>% of files with correct NF LOC determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
<b>Low NF Determinations</b>				
<b>Total number of Low NF LOC files audited</b>	<b>19</b>	<b>22</b>	<b>15</b>	<b>56</b>
BCBSNM	3	3	3	9
PHP	14	16	10	40
WSCC	2	3	2	7
<b>Total number of files with correct NF LOC determination</b>	<b>19</b>	<b>22</b>	<b>15</b>	<b>56</b>
BCBSNM	3	3	3	9
PHP	14	16	10	40
WSCC	2	3	2	7
<b>% of files with correct NF LOC determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
<b>Timeliness of Determinations</b>				
<b>Total number of High NF LOC determinations completed within required timeframes</b>	<b>10</b>	<b>7</b>	<b>14</b>	<b>31</b>
BCBSNM	3	3	3	9
PHP	5	3	9	17
WSCC	2	1	2	5

<b>% of High NF LOC determinations completed within required timeframes</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
<b>Total number of Low NF LOC determinations completed within required timeframes</b>	<b>19</b>	<b>22</b>	<b>15</b>	<b>56</b>
BCBSNM	3	3	3	9
PHP	14	16	10	40
WSCC	2	3	2	7
<b>% of Low NF LOC determinations completed within required timeframes</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY9 Q1 MCO Internal Audit Results  
Total percentage rows contain average percentages

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

<b>Community-Based Internal Audits</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>DY9 Q1</b>
<b>Total number of Community-Based NF LOC files audited</b>	<b>98</b>	<b>98</b>	<b>95</b>	<b>291</b>
BCBSNM	29	29	27	85
PHP	53	53	52	158
WSCC	16	16	16	48
<b>Total number with correct NF LOC determination</b>	<b>98</b>	<b>98</b>	<b>95</b>	<b>291</b>
BCBSNM	29	29	27	85
PHP	53	53	52	158
WSCC	16	16	16	48
<b>% with correct NF LOC determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
BCBSNM	100%	100%	100%	100%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%
<b>Timeliness of Determinations</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>DY9 Q1</b>
<b>Total number of Community-Based determinations completed within required timeframes</b>	<b>97</b>	<b>98</b>	<b>95</b>	<b>290</b>
BCBSNM	28	29	27	84
PHP	53	53	52	158
WSCC	16	16	16	16
<b>% of Community-Based determinations completed within required timeframes</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>	<b>99%</b>
BCBSNM	97%	100%	100%	99%
PHP	100%	100%	100%	100%
WSCC	100%	100%	100%	100%

Source: DY9 Q1 MCO Internal Audit Results

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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 a monthly breakdown of all the NF LOC determinations/redeterminations that were conducted. This report includes the total number of NF LOC determinations completed, the number of determinations that were completed timely, and the number of assessments completed where the member did not meet LOC based on HSD NF LOC criteria. HSD's External Quality Review Organization (EQRO) compiles this information into the table below and provides the following assessment of the review:

- The aggregated Facility Based High NF determination percentage in DY9 Q1 is 79% an increase from 76% in DY8 Q4
- The aggregated Facility Based Low NF determination percentage is 96% also an increase from 95% in DY8 Q4
- The aggregated Community Based determination percentage is 98% consistent with 98% for DY8 Q4.

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

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

<b>Facility-Based Determinations</b>				
<b>High NF Determinations</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>DY9 Q1</b>
<b>Total number of determinations/redeterminations completed for High NF LOC requests</b>	<b>41</b>	<b>42</b>	<b>54</b>	<b>137</b>
BCBSNM	9	9	9	27
PHP	27	31	37	95
WSCC	5	2	8	15
<b>Total number of determinations/redeterminations that met High NF LOC criteria</b>	<b>33</b>	<b>33</b>	<b>42</b>	<b>108</b>
BCBSNM	3	5	3	11
PHP	26	26	32	84
WSCC	4	2	7	13
<b>% of determinations/redeterminations that met High NF LOC criteria</b>	<b>80%</b>	<b>79%</b>	<b>78%</b>	<b>79%</b>
BCBSNM	33%	56%	33%	41%
PHP	96%	84%	86%	88%
WSCC	80%	100%	88%	87%
<b>Low NF Determinations</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>DY9 Q1</b>
<b>Total number of determinations/redeterminations completed for Low NF LOC requests</b>	<b>378</b>	<b>411</b>	<b>468</b>	<b>1257</b>
BCBSNM	121	127	141	389
PHP	227	246	284	757
WSCC	30	38	43	111
<b>Total number of determinations/redeterminations that met Low NF LOC criteria</b>	<b>364</b>	<b>393</b>	<b>450</b>	<b>1207</b>
BCBSNM	119	125	137	381
PHP	215	230	270	715
WSCC	30	38	43	111
<b>% of determinations/redeterminations that met Low NF LOC criteria</b>	<b>96%</b>	<b>96%</b>	<b>96%</b>	<b>96%</b>
BCBSNM	89%	98%	97%	98%
PHP	95%	93%	95%	94%
WSCC	100%	100%	100%	100%

Source: DY9 Q1 External Quality Review Organization (EQRO) Quarterly MCO NF LOC Determinations Report  
 Total percentage rows contain average percentages

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

<b>Community Based Determinations</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>DY9 Q1</b>
<b>Total number of determinations/redeterminations completed</b>	<b>2,327</b>	<b>2,378</b>	<b>2,495</b>	<b>7,200</b>
BCBSNM	673	738	678	2,089
PHP	1,535	1,445	1,630	4,610
WSCC	119	195	187	501
<b>Total number of determinations/redeterminations that did not meet NF LOC criteria</b>	<b>2,282</b>	<b>2,330</b>	<b>2,442</b>	<b>7,054</b>
BCBSNM	659	724	662	2,045
PHP	1,504	1,413	1,595	4,512
WSCC	119	193	185	497
<b>% of determinations/redeterminations that did not meet NF LOC criteria</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>
BCBSNM	98%	98%	98%	98%
PHP	98%	98%	98%	98%
WSCC	100%	99%	99%	99%

Source: DY9 Q1 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.

EQRO Monthly report summaries of determination and denials were reviewed for Facility Based and Community Based.

- There were no discrepancies identified by the EQRO for DY9 Q1 with 100% agreement for Facility Based and Community Based.
- DY8 Q4 and DY9 Q1 were consistent at 100% for High NF LOC Facility Based.
- DY8 Q4 was 97% for Low NF LOC Facility Based with an increase to 100% for DY9 Q1.
- DY8 Q4 was 99% for Community Based with an increase to 100% for DY9 Q1.

HSD follow-up on EQRO disagreements identified for DY8 Q4:

- MCO WSCC Facility Based—Supporting documentation requesting a Physician Order for LOC may have been overlooked by the EQRO. HSD review of the member file did locate a Physician Order with the following information:
  1. Attending Physician
  2. Level of Care
  3. Effective date
  4. Signature of nurse receiving order

The Physician Order located in the member file was highlighted for the EQRO auditors' review. After review of the documentation, the EQRO has overturned the disagreement for the WSCC facility-based member and updated the October 2021 audit report.

HSD will continue to monitor the EQRO audit of MCO NF LOC determinations.

**Table 23: EQRO NF LOC Review**

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<b>Facility-Based</b>				
<b>High NF Determination</b>				
	<b>DY8 Q2</b>	<b>DY8 Q3</b>	<b>DY8 Q4</b>	<b>DY9 Q1</b>
<b>Number of Member files audited</b>	<b>19</b>	<b>18</b>	<b>19</b>	
BCBSNM	7	6	7	
PHP	6	6	6	
WSCC	6	6	6	
<b>Number of Member files the EQRO agreed with the determination</b>	<b>19</b>	<b>18</b>	<b>19</b>	
BCBSNM	7	6	7	
PHP	6	6	6	
WSCC	6	6	6	
<b>% of Member files the EQRO agreed with the determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	
BCBSNM	100%	100%	100%	
PHP	100%	100%	100%	
WSCC	100%	100%	100%	
<b>Low NF Determination</b>				
	<b>DY8 Q2</b>	<b>DY8 Q3</b>	<b>DY8 Q4</b>	<b>DY9 Q1</b>
<b>Number of Member files audited</b>	<b>35</b>	<b>36</b>	<b>35</b>	
BCBSNM	11	12	11	
PHP	12	12	12	
WSCC	12	12	12	
<b>Number of Member files the EQRO agreed with the determination</b>	<b>35</b>	<b>36</b>	<b>35</b>	
BCBSNM	11	12	11	
PHP	12	12	12	
WSCC	12	12	11	
<b>% of Member files the EQRO agreed with the determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	
BCBSNM	100%	100%	100%	
PHP	100%	100%	100%	
WSCC	100%	100%	100%	
<b>Community-Based</b>				
	<b>DY8 Q2</b>	<b>DY8 Q3</b>	<b>DY8 Q4</b>	<b>DY9 Q1</b>
<b>Number of Member files audited</b>	<b>90</b>	<b>90</b>	<b>90</b>	
BCBSNM	30	30	30	
PHP	30	30	30	
WSCC	30	30	30	
<b>Number of Member files the EQRO agreed with the determination</b>	<b>90</b>	<b>90</b>	<b>90</b>	
BCBSNM	30	30	30	
PHP	30	30	30	
WSCC	30	30	30	
<b>% of Member files the EQRO agreed with the determination</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	
BCBSNM	100%	100%	100%	
PHP	100%	100%	100%	
WSCC	100%	100%	100%	

Source: EQRO NF LOC Report for CMS. Total percentage rows contain aggregate percentages.

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### ***Waiver Assurance Performance Measures***

New Mexico has developed and initiated performance measure (PM) indicators to comply with STC requirement 43 and will begin reporting on HCBS Assurances in DY9 Q3 as follows: Administrative Authority; Level of Care (LOC); Qualified Providers; Service Plan; Health and Welfare of Enrollees; and Financial Accountability. New Mexico anticipates including DY9 Q1 data in the DY9 Q3 CMS Monitoring Report and will report subsequent quarterly audits as data is validated. This project was initiated in DY9 Q1 and a regular reporting schedule will be established once preliminary data has been fully vetted. New Mexico is providing the following updates for each requirement below.

- **Administrative Authority:** In DY9 Q2, HSD developed 3 performance measures to monitor the HCBS Administrative Authority. HSD is in the process of reviewing data for the following performance measures:
  - PM #1: Percentage of required HCBS reports submitted timely by the MCOs.
  - PM #2: Percentage of required HCBS reports submitted accurately without an MCO Self-Identified Error.
  - PM #3: Percentage of required HCBS reports submitted accurately without a HSD rejection.
  
- **Level of Care (LOC):** MCOs submit quarterly LOC reports to HSD that identify the number of initial LOCs conducted in the quarter. Subsequent reports will include information to support that the initial LOC is conducted timely.
  
- **Qualified Providers:** In DY9 Q2, HSD began to work on developing measures to monitor the HCBS Qualified Provider requirements. HSD has no concerns in this area and will finalize the measures in DY9 Q3. HSD reviews and approves all Agency-Based Community Benefit (ABCB) providers to ensure that they meet all program requirements as outlined in Section 8 of the Managed Care Policy Manual. Providers must obtain this program approval from HSD prior to contracting with the MCOs and providing services to ABCB members. In the Self-Directed Community Benefit (SDCB), the MCOs contract with a single Fiscal Management Agency (FMA) to oversee provider enrollment. The FMA ensures that all providers meet program requirements as outlined in Section 9 of the Managed Care Policy Manual. SDCB providers must meet all program requirements and be approved by the FMA prior to providing services to SDCB members.

- Service Plan: In DY9 Q2, HSD developed 6 performance measures to monitor the HCBS Service Plan requirements. HSD is in the process of reviewing data for the following performance measures:
  - PM #1: Member's choice to receive HCBS waiver services institutional care
  - PM #2: Member's HCBS services plan adequately addresses assessed needs
  - PM #3: Services authorized by the MCO were delivered in accordance with the HCBS service plan including the type, scope, amount, duration, and frequency specified in the HCBS service plan
  - PM # Members service plan was revised, as needed, to address changing needs
  - PM # A disaster preparedness plan specific to the member is documented
  - PM #6: Linkages to protective services is documented
  
- Health and Welfare of Enrollees: HSD has implemented a monitoring process for assuring the health and welfare of members enrolled in HCBS through quarterly MCO reporting on established performance measures. The critical incident performance measures listed below will identify, address, and seek to prevent instances of abuse, neglect, exploitation, and unexpected death.
  - PM #1: The percentage of substantiated critical incidents reported by category.
  - PM #2: The percentage of substantiated critical incidents being reported within the required timeframe.
  - PM #3: The percentage of individual substantiated critical incidents where follow up (Safety plans, corrective actions plan, etc.) was completed.
  - PM #4: The percentage of follow-up actions taken on the substantiated critical incident on a systemic basis to prevent future incidents such as investigation and educating individuals and families.
  - PM #5: The percentage of substantiated critical incidents with a referral to Adult.
  - PM #6: The percentage of providers and MCO staff educated about reporting critical incidents to the HSD Portal initially at the start or at hire, and as least annually thereafter.
  - PM #7: The percentage of substantiated critical incidents for Members with multiple critical incidents identified and reported.

MCOs are required to submit reports on the above performance measures to HSD on July 30, 2022. The data will be included in the DY9 Q3 CMS Monitoring Report.

- Financial Accountability: In DY9 Q2, HSD began to work on developing

measures to monitor HCBS Financial Accountability requirements. MCOs send encounters to HSD for all Community Benefits services. HSD has no concerns in this area and will finalize the measures in DY9 Q3.

# 8

## AI/AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
BCBS	May 5, 2022 Virtual meeting	<p>Meeting began with introductions and agenda review. One of the first agenda items was Member Input and Feedback: “What is going well and what is not going well?”</p> <p><b>Issue:</b> One member asked if a transportation provider can refuse to transport a COVID-19 positive patient.  <b>Response:</b> For BCBS transportation vendor ModivCare, it depends on the situation. The member needs to inform the driver ahead of time that they are COVID-19 positive so that ModivCare can come with the proper vehicle that keeps the driver at a safe distance.</p> <p><b>Issue:</b> A parent asked if she could apply for Special Beginnings for her baby even though she just had her baby.  <b>Response:</b> BCBS needed to reach out to the Special Beginnings Program to ask that question. The program staff contacted member May 5, 2022. It doesn’t state if member was able to use the benefit or not since her baby is already born.</p> <p><b>Issue:</b> Parent asked if she could switch from medical supplier HME to another vendor. Parent has difficulty getting in contact with HME. She leaves numbers but no call back.</p>

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		<p><b>Response:</b> BCBS Tribal Liaison contacted care coordinator who reached out to HME. The issue was resolved May 12, 2022.</p>
PHP	June 9, 2022 Virtual meeting	<p>PHP sent 500 letters of invitation through the mail to far northwest NM - Aztec, Bloomfield, Farmington, Kirtland, Fruitland, Hogback and Shiprock. Just over 450 Follow-up or RSVP phone calls were also made to the invited members. PHP Provider Network Operations also sent the invitation to all ITU partners.</p> <p><b>Issue:</b> A member indicated they were having difficulty downloading the online Traditional Medicine application.</p> <p><b>Response:</b> PHP informed member to try several different things with her computer to get the application.</p> <p><b>Issue:</b> Several questions were asked about transportation benefits under PHP like “Do I qualify for mileage reimbursement? Would it be through PHP or Secure transportation? How often can I turn in paperwork for this reimbursement?”</p> <p><b>Response:</b> A staff person at PHP answered that PHP or Secure transportation can review the process with the member. Request must be 48 hours in advance of appointment. PHP will check to see if the member attended the appointment. She can provide paperwork after each trip or monthly. A check will be mailed to the</p>

		<p>member.</p> <p><b>Issue:</b> A member asked if PHP covers nebulizer treatments.</p> <p><b>Response:</b> PHP covers the equipment, but the medical provider would need to prescribe the medication.</p> <p><b>Issue:</b> The question was asked why IHS is not offering free COVID-19 test kits.</p> <p><b>Response:</b> Group was informed by PHP that Corona Virus Hotline is offering free test kits and a toll-free number was provided. Also, website links were provided for people to request free COVID-19 test kits.</p>
WSCC	June 2nd, 2022 Virtual meeting	<p>COVID-19 presentation about member resources, and education to members on COVID-19 behaviors to keep healthy. Information was provided pertaining to Teledoc and telemedicine services. WSCC presented the Value-added services, pregnancy and newborn services, care coordination and behavioral health, long term care services program, WSCC quality improvement plan, Ombudsman, and tribal relations. Members did not bring up any issues or questions.</p>

MCO	Status of Contracting with MCOs
BCBS	<p>BCBS is pending signature from the following providers:</p> <ul style="list-style-type: none"> <li>• Tachiinii Nursing.</li> <li>• Tewa Roots at Nambe.</li> <li>• Navajo Regional Behavioral Health Center in Shiprock.</li> </ul>
PHP	<p>Active Negotiations currently:</p> <ul style="list-style-type: none"> <li>• Kewa Pueblo Health Corporation/Kewa Health Center.</li> <li>• Kewa Family Wellness Center.</li> <li>• First Nations Community Healthsource/Traditional Wellness Program.</li> <li>• Navajo Regional Behavioral Health Center in Shiprock.</li> </ul>

	<ul style="list-style-type: none"> <li>• Pueblo of Nambe/Tewa Roots Society.</li> <li>• Taos Pueblo Community Health and Wellness Program – Tiwa Babies.</li> </ul>
WSCC	<ul style="list-style-type: none"> <li>• WSCC working with Laguna Behavioral Health Department to provide portal training and general health plan information. Provider inquired about the contracting process and benefits of being an in- network provider.</li> <li>• WSCC is working with Nambe Pueblo and Tewa Roots to discuss MOU with Picuris to provide services and other business opportunities.</li> <li>• WSCC met with Navajo Nation Tribal Government to request an update on Behavioral and Mental Health Contract. Discussed sponsorship and outreach opportunities.</li> <li>• Pueblo of Isleta to discuss request for information concerning PCS fee schedule. Provided HSD documentation, as well as contracting assisted and adult day services.</li> </ul>

# 9

## ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

BLUE CROSS BLUE SHIELD	
<b>ACTION PLAN</b>	Provider Directory
<b>IMPLEMENTATION DATE:</b>	3/1/21
<b>COMPLETION DATE:</b>	1/14/22
<b>ISSUES</b>	<p><b>2021 Provider Directory Audit</b></p> <p>The purpose of this action plan is to outline a process for researching the findings and recommendations identified in the Myers &amp; Stauffer Provider Directory Verification report to determine gaps, root-cause, and remediation. This document provides the framework for the action plan approach, roles and responsibilities, timeframes, and strategy for remediation. This action plan is considered a working document that captures important information and is revised as the project progresses.</p>
<b>RESOLUTION</b>	<p>BCBS is diligently working to add required information to the website and to improve the quality of the information.</p> <p>Audit Remediation Deliverables:</p> <ul style="list-style-type: none"> <li>• In the key, “Accepting new patients” indication will be removed and “provider may not be accepting new patients” indication will be used in its place. <b>Completed</b></li> <li>• The new key will be updated and restored to production. <b>Completed</b></li> <li>• Define physical disability accommodations that are not defined in the key. <b>Completed</b></li> <li>• Separate provider experience/training from physical disability accommodations. <b>Completed</b></li> <li>• Develop and implement alphabetized provider specialty index. <b>Completed</b></li> </ul>

- Directory enhancements, reformat the city/county headers. **Completed**

Status update summary. The delivery of the directory PDFs will be executed via mock templates, which are generated by reviewing and “rationalizing” the print directory into similar content and format mockups. The final New Mexico Centennial Care Print Directory Mockup, including all updated elements for the audit remediation, has been sent to HSD for approval prior to being published into production.

Final English and Spanish New Mexico Centennial Care Print Directories with all remediated audit updates were received and approved by HSD on January 14, 2022. HSD has determined that this action plan can be closed. This item will be removed in DY9 Q3.

### BLUE CROSS BLUE SHIELD

<b>ACTION PLAN</b>	DentaQuest (Annual Provider Satisfaction Survey)
<b>IMPLEMENTATION DATE:</b>	4/1/22
<b>COMPLETION DATE:</b>	Open
<b>ISSUES</b>	DentaQuest (DQ) NM failed their annual provider satisfaction survey hitting 88% with a goal of 90%. DQ has proactively arranged provider trainings in DY9 Q1.
<b>RESOLUTION</b>	<p>4/6/2022 - On 4/1/2022, BCBS submitted the DQ Plan of Action (POA) related to DQ's 2021 annual provider satisfaction survey results failing to HSD. DQ has proactively arranged provider trainings in DY9 Q1 and has provided the provider training attendance roster.</p> <p>July 7, 2022 - BCBS continues to work with DQ to ensure quarterly meetings are occurring. DY9 Q2 provider training conducted. BCBS is also working on placing dental information in the member newsletter to remind members the importance of keeping their dental appointments as many providers stated</p>

	<p>that dissatisfaction was related to members not showing up to their scheduled appointments and not canceling ahead of time or just not showing up. Member education is another proactive approach to help meeting this metric.</p> <p>HSD will continue to receive updates for BCBS and will continue to monitor the progress.</p>
<b>BLUE CROSS BLUE SHIELD</b>	
<b>ACTION PLAN</b>	Noncompliance by Transportation Vendor
<b>IMPLEMENTATION DATE:</b>	3/26/21
<b>COMPLETION DATE:</b>	Open
<b>ISSUES</b>	ModivCare has been placed on a corrective action plan for not meeting the contractual timeliness measures for certain Customer Service Call Center metrics and other additional contractual requirements.
<b>RESOLUTION</b>	<p>Due to continued service level failures, the action plan remains open.</p> <p>DY9 Q2 updates:  July 7, 2022- BCBS continues to monitor all call center stats. BCBS will not receive the June 2022 stats until mid-July. Therefore, the below stats reflect data for April 2022 and May 2022. *Data retrieved from vendor monthly dashboard.</p> <p><b>* April 2022:</b></p> <ul style="list-style-type: none"> <li>- ASA = 22 seconds (met)</li> <li>- Service Level = 83.5% (not met)</li> <li>- Member Satisfaction = 97.1% (met)</li> <li>- A-Leg Pick up = 92.41% (met)</li> <li>- Provider No Shows = 104</li> </ul> <p><b>* May 2022:</b></p> <ul style="list-style-type: none"> <li>- ASA = 4 seconds (met)</li> </ul>

- Service Level = 97.6% (met) \*April + May average = 90.6%\*
- Member Satisfaction = 97.1% (met)
- A-Leg Pick Up = 92.41% (met)
- Provider No Shows = 120

To reduce the number of provider no-shows, ModivCare continues to add other transportation providers to the network. From April through June, ModivCare reported adding 3 providers, 17 vehicles and 17 drivers. \*Data retrieved from vendor during weekly touchpoint.

BCBS is also working on adding UBER (rideshare) to ModivCare's option of transportation for those members that are ambulatory (can walk safely on their own to/from vehicle) and will start in specific counties.

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

PRESBYTERIAN HEALTH PLAN	
<b>ACTION PLAN</b>	PHP
<b>IMPLEMENTATION DATE:</b>	3/1/2021
<b>COMPLETION DATE:</b>	In Progress
<b>ISSUES</b>	2020 Provider Directory Audit
<b>RESOLUTION</b>	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.
PRESBYTERIAN HEALTH PLAN	
<b>ACTION PLAN</b>	Secure Transportation
<b>IMPLEMENTATION DATE:</b>	3/4/2021
<b>COMPLETION DATE:</b>	In Process
<b>ISSUES</b>	Improvement Plan – Network Adequacy
<b>RESOLUTION</b>	Secure Transportation (ST) was placed 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 placed ST on a corrective action plan (CAP) as the

issues are not resolved timely. ST will provide monthly updates on efforts to improve the network, the next update was due in October 2021.

2/15/2022: ST added new providers to its network of drivers. PHP is working on increasing mileage reimbursement. Mileage reimbursement is offered at the front end of the scheduling process through Care Coordination to free up drivers for members who do not have supports for this option. ST is offering hiring bonuses and retention bonuses to help maintain the current network.

04/01/2022: Areas that are remaining a focus of the CAP for ST. This CAP is to remain open until network adequacy is improved.

**Action Plan Items:**

- Risk Stratification – policy to identify and prioritize high risk members (dialysis, chemotherapy, radiation, pre or post OP, surgery, high risk pregnancy related appointments and urgent care); and members at risk of being dropped by their provider for missed appointments
- Network Adequacy Plan - include specifics to ensure statewide coverage including 100 miles from the NM state borders (excluding Mexico)
- Recruiting Plan – include number of vehicles, candidates, and area serviced
- Network Monitoring processes –
  - Retention Plan
  - Incentive Plans - including incentive plans for resolving issue regarding short distance trips

Provider Issues – Action plan to address providers regarding no shows and those with excessive late pick-ups.

**PRESBYTERIAN HEALTH PLAN**

**ACTION PLAN**

DentaQuest

**IMPLEMENTATION DATE:**

5/13/2021

<b>COMPLETION DATE:</b>	Closed
<b>ISSUES</b>	Improvement Plan
<b>RESOLUTION</b>	<p>Annual Audit: PHP's subject matter expert (SME) determined that claims that deny as a true duplicate to a previously processed claim should only deny with the duplicate denial code 2029. An adjustment to the claim's logic can correct the issue. In addition, training may need to be provided to the medical billers to ensure the claim meets the standards of compliance, both for coding and format. An improvement plan was required.</p> <p>PHP is monitoring monthly: DentaQuest has provided an update that research to technical changes required to suppress inconsequential denial reasons have been completed. It has been determined the change to the adjudication logic requires a significant system enhancement, including software development. The ticket has been moved to the prioritization waiting list.</p> <p>2/2/2022 - Discovery portion is in progress with testing scheduled to begin by the end of DY9 Q1. PHP will continue to monitor to completion with monthly improvement plan updates.</p> <p>05/15/2022: DentaQuest completed the system change to the adjudication logic that required a significant system enhancement including software development. PHP Claims SME reviewed and agreed that the changes are completed. Recommendation to the Delegation Oversight Committee was reviewed and approved on 06/16/2022.</p>
<b>PRESBYTERIAN HEALTH PLAN</b>	
<b>ACTION PLAN</b>	PHP 2019 EQRO Compliance Audit
<b>IMPLEMENTATION DATE:</b>	7/1/2021

<b>COMPLETION DATE:</b>	Closed – Based on Final Report
<b>ISSUES</b>	Improvement Plan – In Process
<b>RESOLUTION</b>	<p>PHP is implementing corrective actions on any item found in the audit that is less than "fully compliant."</p> <p>12/31/2021 Update: PHP's Compliance Officer retired, and a new Compliance Officer has been hired. Anticipated review for closure on this item in early 2022.</p> <p>PHP has not received a final audit report, so this item remains open until PHP is certain that there are no outstanding findings or recommendations to correct.</p>

WESTERN SKY COMMUNITY CARE	
<b>ACTION PLAN</b>	Noncompliance by Transportation Vendor
<b>IMPLEMENTATION DATE:</b>	12/8/2020
<b>COMPLETION DATE:</b>	3/16/21
<b>ISSUES</b>	Following the 2020 audit, Secure Transportation, a transportation vendor, provided to and was accepted by WSCC a new Quality Improvement Plan (QIP) to resolve the remaining credentialing issues from the 2019 & 2020 audits and the identified driver and vehicle requirement deficiencies. All QIP documents and responses to address nine findings were due by March 8, 2021. WSCC provided monthly updates on the progress of the QIP to HSD.
<b>RESOLUTION</b>	Five findings have been resolved. The remaining unresolved findings were escalated to the corrective action plan.

WESTERN SKY COMMUNITY CARE	
<b>ACTION PLAN</b>	Non-compliance by Transportation Vendor
<b>IMPLEMENTATION DATE:</b>	3/16/2021
<b>COMPLETION DATE:</b>	January 19, 2022
<b>ISSUES</b>	Corrective Action Plan (CAP) for the unresolved findings from the Transportation Vendor Quality Improvement Plan.
<b>RESOLUTION</b>	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/recredentialing. 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 provided a driver universe every 90 calendar days for WSCC to validate ST's Credentialing/Recredentialing. The 1 percent penalty will continue until ST receives a compliance score of at least 90 percent. In Q4, ST submitted its driver universe. WSCC reviewed and requested additional information. That information and WSCC's re-review and

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	scoring will occur in DY9 Q1. The credentialing score for Q2 was a 95 percent and the credentialing tool scored a 97 percent as of DY9 Q1. WSCC scored and ST passed, and this CAP is closed as of DY9 Q2.
<b>WESTERN SKY COMMUNITY CARE</b>	
<b>ACTION PLAN</b>	Provider Directory
<b>IMPLEMENTATION DATE:</b>	3/1/21
<b>COMPLETION DATE:</b>	Open item
<b>ISSUES</b>	2020 Provider Directory Audit
<b>RESOLUTION</b>	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. In DY8 Q2, 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 in DY9 Q3.

# 10

## FINANCIAL/ BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY9 Q1 reflects the capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid Services (CMS) on December 31, 2021. On average, the CY 2022 rate was higher than that of CY 2021; however, fee-for-service claim payments during CY 2022 were still lagging, and they affected the PMPMs. In addition, data run out for CY 2022 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 12.0% below the budget neutrality limit (Table 7.5) through 10 quarters of payments. For DY8, Table 8.5 shows a 11.8% below the budget neutrality limit with data through six (6) quarters. Table 9.5 shows 21.1% below the budget neutrality limit for DY9 with preliminary data of two quarters of payments.

# 11

## MEMBER MONTH REPORTING

Member Months		2022
MEG1	0-FFS	108,936
	Presbyterian	676,717
	Western Sky	127,118
	Blue Cross Blue Shield	444,887
	<b>Total</b>	<b>1,357,658</b>
MEG2	0-FFS	7,510
	Presbyterian	62,281
	Western Sky	11,270
	Blue Cross Blue Shield	37,452
	<b>Total</b>	<b>118,513</b>
MEG3	Presbyterian	66,972
	Western Sky	9,834
	Blue Cross Blue Shield	33,242
	<b>Total</b>	<b>110,048</b>
MEG4	0-FFS	638
	Presbyterian	317
	Western Sky	49
	Blue Cross Blue Shield	230
	<b>Total</b>	<b>1,234</b>
MEG5	Presbyterian	8,883
	Western Sky	1,505
	Blue Cross Blue Shield	6,806
	<b>Total</b>	<b>17,194</b>
MEG6	0-FFS	77,892
	Presbyterian	391,302
	Western Sky	98,915
	Blue Cross Blue Shield	312,145
	<b>Total</b>	<b>880,254</b>
MEG10	0-FFS	13
	Presbyterian	106
	Western Sky	9
	Blue Cross Blue Shield	68
	<b>Total</b>	<b>196</b>
MGX8	0-FFS	
	Presbyterian	242
	Western Sky	25
	Blue Cross Blue Shield	246
<b>Total</b>	<b>513</b>	
<b>Total</b>		<b>2,485,610</b>

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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 DY9 Q2, the reports submitted by MCOs for April, May and June were reviewed and analyzed to determine compliance with contractual requirements. HSD has adjusted BCBS data in the Number of Member Grievances and the Variable Grievances reported for DY9 Q1. The DY9 Q2 Total by Quarter includes those changes. HSD observed in DY9 Q2 the second top primary member grievance code reported was Provider Specialist. This is a change from MCO Operational Issues compared to last quarter. The table below is a summary of the quarterly data reported by the MCOs for DY9 Q2:

**Table 24: Grievances Reported**

Grievances reported (January - June 2022)																
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	485	431			434	458			39	33			958	922		
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	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Transportation Ground Non-Emergency	346	312			180	175			15	13			541	500		
Provider Specialist	14	26			0	0			0	3			14	29		
Variable Grievances	125	93			254	283			24	17			403	393		

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.

HSD has adjusted BCBS data in the Number of Standard Member Appeals, Number of Expedited Member Appeals and the Variable Appeals reported for DY9 Q1. HSD identified the data was refreshed and could be attributed to Fair Hearings or Pending appeals. The DY9 Q2 Total by Quarter includes those changes. The table below is a summary of the quarterly data reported by the MCOs for DY9 Q2:

**Table 25: Appeals Reported**

Appeals Reported (January - June 2022)																
APPEALS	BCBS				PHP				WSCC				TOTAL BY QUARTER			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Standard Member Appeals	369	363			484	484			23	30			876	877	0	
Number of Expedited Member Appeals	35	46			28	25			6	3			69	74	0	
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	327	412			497	494			29	25			853	931	0	
Denial in whole of a payment for a service	70	19			7	15			0	0			77	34	0	
Variable Appeals	7	-22			8	0			0	8			15	-14	0	

Source: MCO Report #37

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# 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: 2022 MCO Advisory Board Meeting Schedules**

BCBS 2022			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	03/03/2022	12:00-1:30 PM	Virtual - Albuquerque - Central
BCBS	04/07/2022	3:30-5:00 PM	Virtual - Valencia and Socorro Counties - Central
BCBS	06/16/2022	12:00-1:30 PM	Virtual – Albuquerque - Central
BCBS	07/21/2022	12:00-1:30 PM	Virtual – Albuquerque - Central
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	09/29/2022	12:00-1:30 PM	Virtual - Las Cruces (Dona Ana County) - Regional
BCBS	10/20/2022	12:00-1:30 PM	Virtual - Santa Fe (Santa Fe County) - Regional
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
BCBS	02/10/2022	12:00-1:30 PM	Virtual - Sandoval and Bernalillo Counties
BCBS	05/05/2022	3:30-5:00 PM	Virtual - McKinley (Crownpoint)
BCBS	08/25/2022	12:00-1:30 PM	Virtual - Eight Northern Pueblos

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BCBS	11/17/2022	12:00-1:30 PM	Virtual - McKinley (Zuni, Ramah and Pine Hill)
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**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 2022**

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	03/04/2022	1:30-3:30 PM	Virtual Meeting
PHP	06/03/2022	1:30-3:30 PM	Virtual Meeting
PHP	09/09/2022	1:30-3:30 PM	Virtual Meeting
PHP	12/02/2022	1:30-3:30 PM	Virtual Meeting

**RURAL AREA MEETINGS**

MCO	DATE	TIME	LOCATION
PHP	Q2 or Q3 2022		In development: PHP anticipates scheduling two rural meetings in Q3, locations TBD

**NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE**

MCO	DATE	TIME	LOCATION
PHP	03/24/2022	3:00-5:00 PM	Virtual Meeting
PHP	06/09/2022	3:00-5:00 PM	Virtual Meeting
PHP	09/08/2022	3:00-5:00 PM	Virtual Meeting
PHP	12/08/2022	3:00-5:00 PM	Virtual Meeting

**SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE**

MCO	DATE	TIME	LOCATION
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PHP	TBD	TBD	<p>Meetings On Hold</p> <ul style="list-style-type: none"> <li>Due to the low volume of self-directed members, PHP opted to fold these meetings into its broader Centennial Care 2.0 Member Advisory Board. Updates are provided at every meeting, presented by PHP's LTC Care Coordination Manager.</li> </ul>
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**BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE**

MCO	DATE	TIME	LOCATION
PHP	03/08/2022	1:00 PM-2:30 PM	Virtual Meeting
PHP	06/07/2022	1:00 PM-2:30 PM	Virtual Meeting
PHP	09/13/2022	1:00 PM-2:30 PM	Virtual Meeting
PHP	12/13/2022	1:00 PM-2:30 PM	Virtual Meeting

**WSCC 2022**

**MEMBER ADVISORY BOARD MEETING SCHEDULE**

MCO	DATE	TIME	LOCATION
WSCC	02/11/2022	2:00-4:00 PM	Virtual Meeting
WSCC	05/14/2022	10:00 AM-12:00 PM	Virtual Meeting
WSCC	08/18/2022	11:00 AM- 1:00 PM	Virtual Meeting
WSCC	12/08/2022	2:00-4:00 PM	Virtual Meeting

**STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE**

MCO	DATE	TIME	LOCATION
WSCC	04/14/2022	4:00-6:00 PM	Virtual Meeting
WSCC	10/12/2022	3:00-5:00 PM	Virtual Meeting

**NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE**

MCO	DATE	TIME	LOCATION
WSCC	03/03/2022	11:00 AM- 1:00 PM	Virtual Meeting
WSCC	06/02/2022	4:00-6:00 PM	Virtual Meeting
WSCC	09/02/2022	11:00 AM-1:00 PM	Virtual Meeting
WSCC	12/02/2022	4:00-6:00 PM	Virtual Meeting

January 1, 2019 – December 31, 2023

**SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE**

<b>MCO</b>	<b>DATE</b>	<b>TIME</b>	<b>LOCATION</b>
WSCC	08/18/2022	11:00 AM-1:00 PM	Virtual Meeting (Included in the MAB Presentation)

**BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE**

<b>MCO</b>	<b>DATE</b>	<b>TIME</b>	<b>LOCATION</b>
WSCC	10/12/2022	3:00-5:00 PM	Virtual Meeting (Included in Statewide)

**COMMUNITY ADVISORY BOARD MEETING SCHEDULE**

<b>MCO</b>	<b>DATE</b>	<b>TIME</b>	<b>LOCATION</b>
WSCC	06/15/2022	3:00-5:00 PM	Virtual Meeting

## Quality Assurance

DY9 Q2

### 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 DY9 Q2 was held on June 2, 2022.

HSD presented the MCOs with a focus on 3 performance measures that had an aggregate decline in performance from DY8 Q1 compared to DY9 Q1. The MCOs were informed all data on measures presented were derived from administrative claims and the rates were aggregate. In DY9 Q1 compared to DY8 Q1, PM #5 (CIS – Combo 3), PM #7 (IET – Initiation), and PM #8 (FUH – 30 Day) rates declined. During the meeting, the MCOs described attributes and strategies for improvement.

HSD announced the implementation of a monthly monitoring plan to ensure that MCOs improve outcomes and monthly progress is internally monitored by the MCOs with the goal of meeting the HSD assigned targets. HSD established the monthly monitoring plan for PM #8 (FUH – 30 Day) and PM #9 (FUM – 30 Day) previously, which was discontinued in DY9 Q1. Due to success of the program, HSD advised the MCOs that effective DY9 Q3, PM #1 (W30) and PM #5 (CIS – Combo 3) will be added to the monthly monitoring plan.

HSD presented that the percentage of Low Acuity Non-Emergent visits declined in performance since DY6 Q4. The MCOs and HSD discussed MCO initiatives that prevent low acuity non-emergency ER visits.

Lastly, HSD provided updates on activities relating to the External Quality Review of Centennial Care 2.0. The Annual Technical Report and the Information Systems Capabilities Assessment were both made final and posted to HSD website. The Compliance Review, the Performance Measure Validation, the Performance

Improvement Projects, and the Network Adequacy activities are pending finalization and web posting.

**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.

The HSD established an annual target rate for CY 2022 for Follow-up after Hospitalization for Mental Illness (FUH) of 52.02%. Through DY9 M3, MCOs had the following average rates: BCBS 48.94%, PHP 37.94% and WSCC 44.52%.

The CY 2022 HSD annual target rate for Follow-up after Emergency Department Visit for Mental Illness (FUM) is 46.50%. Through DY9 M3, MCOs had the following average rates: BCBS 52.04%, PHP 57.90%, and WSCC 37.69%.

HSD expects to see rates increase quarter over quarter and the final determination of whether the MCOs have met the established targets is reliant on the CY 2022 annual audited HEDIS report, which will be received in June 2023.

Due to ongoing efforts to improve member outcomes and noticeable improvement all 3 MCOs have made as a result of the Monthly Monitoring Plan, HSD ceased monthly submissions of the FUH and FUM measures effective with completion of their DY9 M3 submissions.

**BCBS:**

**FUH:** M1 50.00%; M2 52.87%; M3 48.30%: Decrease of 1.70

percentage points from M1 to M3.

**Strategies and Interventions:**

In DY9 Q1, BCBS continued focus on Transition of Care (TOC) as care coordinators are paired with designated inpatient acute behavioral health facilities throughout New Mexico for this intervention. The TOC staff assists facility staff in discharge planning and aftercare, as well as supporting Centennial Care members. Biweekly meetings are held, as well as monthly 1:1 meetings and Ad Hoc huddles continued through M3, as well as meetings set to discuss a change in reporting. Additionally, BCBS TOC staff will be re-writing goals for members who are re-admitting to an acute level of care as a result of the above-mentioned policy review; the aim is to ultimately reduce the readmission rate. BCBS is also continuing the Reserved Appointment Initiative where TOC staff assists members in obtaining appointments with mental health providers at Border Area Mental Health (BAMH). The appointments, which are available on a weekly basis, prioritize Centennial Care members. The BH Clinical Operations team and the BCBS Provider Network team are working with providers to try to expand this initiative to the Albuquerque area. The BH Clinical Operations team continues to meet with staff to discuss barriers to program utilization, however, at this time no consistent trend in barriers has been noted. The BH Clinical Operations team is also exploring a partnership with Mesilla Valley hospital to have the facility directly link members to appointments with BAMH. This intervention continues to focus on improving the 30-day FUH rate of 3 high volume inpatient acute mental health hospitals in New Mexico. The facility incentive initiative for the 2021 performance year focused on all lines of business (Commercial, Retail and New Mexico Centennial Care), however, for the 2022 performance year will focus only on the New Mexico Centennial Care line of business.

**FUM:** M1 36.00%; M2 38.27%; M3 46.85%: Increase of 10.85 percentage points from M1 to M3.

**Strategies and Interventions:**

The EDIE® system is used by the BCBS BH Recovery Support Assistant (RSA) and Transition of Care (TOC) teams to identify BCBS members with a recent Emergency Department (ED) visit related to a mental health concern. The identified members are then outreached via telephone by BCBS TOC staff. The RSA and TOC staff offer support and assist members with setting up follow-up appointments within 30 days of the ED discharge. In DY9, BCBS is continuing Provider Educating Training. This intervention focuses on providing education on a variety of behavioral health topics to PCPs and clinical staff. For those providers who complete the trainings, continuing education credits are available. In M3 BCBS saw both the completion of the initial trainings, as well as preparation for the second installment with a focus on marketing for the April trainings, in addition to finalizing the presentation. The BH Quality team has created a member education video. The video educates members on following up after an ED for a mental health concern. It is expected that the education provided to the member via the video will have a positive impact on member follow-up which will improve the FUM rate.

**PHP:**

**FUH:** M1 30.30%; M2 37.82%; M3 45.69%: Increase of 15.39 percentage points from M1 to M3.

**Strategies and Interventions:**

Value Based Purchasing (VBP) Programs continued for PHP in DY9 Q1. VBP programs include the Model Facility Incentive Program (MFIP), the Behavioral Health Quality Incentive Program (BQIP), and the Provider Quality Incentive Program Wellness program (PQIP). Routine inpatient care coordination activities also continued throughout M3. Members who were hospitalized were contacted and offered assistance with care coordination services, including discharge planning activities. PHPs Inpatient Care Coordination (IPCC) team collaborates with inpatient facilities to secure contact information for discharge planners to ensure successful collaboration. PHP initialized a High Utilizer IP Task team beginning in DY9 and continued through M3. This is an integrated team of IPCC, UM, and high-risk community care

coordinators and Peer Support Workers assigned to members who have a high inpatient admission rate, regardless of where they admit to. Their goal is to provide continuity of care, reduce readmissions and assist members in engaging with outpatient providers. The target population are members who have 6+ admissions in 6 months, and staff providing the intervention is a team of IPCC, Utilization Case Manager, Peer Support and High-Risk Care Coordinators. PHP also held a BH Provider Town Hall in M3. Topics included current VBP programs for outpatient behavioral health providers, including the incentive program for 30-day FUH appointments. The Provider Education Conference for physical health providers occurred in M3. All eligible providers were encouraged to enroll in the PQIP program, which includes the FUH metric. Additionally, the Care Coordination team received a specialized training in DY9 Q1 on all BH HEDIS measures, including FUH.

**FUM:** M1 51.85%; M2 60.86%; M3 60.99%: Increase of 9.14 percentage point from M1 to M3.

**Strategies and Interventions:**

PHP continued their Consult Liaison Services, who provide psychiatry services via telemedicine technology at identified EDs and Urgent Care EDs within the Presbyterian Health Services (PHS) delivery system throughout DY9 Q1. Critical Incident reports for members seen in the ED continued to be filed through M3. Preliminary data suggests that 21.09% of critical incident reports were for ED utilization. The FUM metric within the Provider Quality Incentive Program (PQIP) Wellness program continued to operate as designed in DY9 Q1. The FUM metric began its third month of eligibility for reimbursement within the Behavioral Health Quality Incentive Program (BQIP). In DY9 Q1, 2 provider groups opted into the BQIP FUM metric. Members who meet FUM technical specifications denominator criteria are routinely within the targeted population of PHP Consult Liaison Services. PHP Consult Liaison Services targets members within 7 PHS delivery system emergency departments. 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. Outpatient physical health providers in PQIP are provided with quarterly updates regarding VBP performance. The FUM metric became an offered incentive for Behavioral Health providers (BQIP) in DY9. Provider education about the new incentive option was presented during the BH Provider Town Hall in March 2022. During DY9 Q1, educational flyers and opt-in materials were sent to 4 provider groups as requested. 2 provider groups opted in to the BQIP FUM metric in March 2022. Targeted recruitment efforts will begin in DY9 Q2.

**WSCC:**

**FUH:** M1 30.99%; M2 40.48%; M3 50.23%: Increase of 19.24 percentage points from M1 to M3.

**Strategies and Interventions:**

WSCC BH Liaisons utilize daily lists of psychiatric admissions and discharges for the purpose of providing outreach to members during and after their inpatient stay to help with scheduling appointments and meeting community resource needs. Members are also offered support from WSCCs internal team of Certified Peer Support Workers and Certified Community Health Workers if the member expresses interest in receiving support. Additionally, members who are difficult to engage or difficult to reach by the BH Liaisons are referred to this team for additional outreach efforts. Members are also referred by facility discharge planners and the BH Liaisons to TeamBuilders Behavioral Health for completion of an initial telehealth assessment by a licensed clinician within 7 days of discharge. The initial telephonic engagement does not replace ongoing follow up care but is designed to encourage and assist members to engage on an ongoing basis with an outpatient clinician. Teladoc, WSCC's national partner, is another resource about which members are educated and encouraged to utilize to address follow up care and overcome barriers such as transportation and COVID-19 safety issues. WSCC continues to work collaboratively with BH providers across the state to ensure WSCC members have timely access to resources and BH

services. In addition to small practices and individual providers, WSCC partners with 9 of New Mexico's largest community BH providers who provide services to more than 50% of the state's counties. These collaborations allow WSCC members to receive the services they need while helping them achieve health goals and maintain a better quality of life. The Telehealth Behavioral Health Discharge Incentive Program works to provide incentives for continuous improvement of discharge coordination and collaborative efforts between psychiatric hospitals and community behavioral health providers to ensure smooth transitions from inpatient care to outpatient follow-up, engagement, and reduction in the numbers of readmissions.

**FUM:** M1 20.00%; M2 43.64%; M3 48.78%: Increase of 28.78 percentage points from M1 to M3.

**Strategies and Interventions:**

In DY9 Q1, the WSCC Member Connections team performed outreach based on daily ED visit lists to assist members in engaging in outpatient care and receiving needed resources. Members were then referred to TeamBuilders Behavioral Health to complete an initial telehealth assessment with a licensed mental health clinician who would also assist members in connecting with an outpatient mental health provider on an ongoing basis. Members who complete the initial telehealth assessment with TeamBuilders Behavioral Health within 30 days of the ED visit are eligible to receive the FUM incentive gift card. Gift cards are sent out monthly once completion of the assessment has been verified via claims. Discussions are also in progress about other potential incentive programs that may be available to members in DY9. The BH P4P (Pay for Performance) Program continues to provide a bonus incentive aimed at improving provider awareness and engagement for the FUM and other BH measures. The VBP BH Provider monthly meetings allow for collaboration between BH providers and WSCC to discuss improving care for WSCC members. Provider engagement is further encouraged through the review and discussion of their FUM P4P quality measure results during these meetings. WSCC reviews P4P Quality scorecards quarterly through meetings with individual provider

groups. These quarterly meetings allow for collaboration between WSCC and providers to address challenges, barriers, and opportunities for improvement in strategies related to increasing access to follow-up care through reserved appointment times, telehealth services, Treat First practices, and other interventions.

**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 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 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). HSD expects to see rates increase quarter over quarter and the final determination of whether the MCOs have met the targets is reliant on the CY 2022 annual audited HEDIS report, which will be received in DY10 Q2.

Below are the MCO quarterly rates and interventions for each Performance Measure (PM) and their established target for CY 2022.

The following PMs show results for DY9 Q1 reporting:

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

The percentage of members who turned 15 months old during the measurement year and had 6 or more well-child visits.

CY 2022 target is 64.82%.

BCBS Q1 36.81%

PHP Q1 52.11%

WSCC Q1 30.31%

MCO Aggregate: Q1 Total 38.54%

**MCO Strategies and Interventions:**

BCBS: BCBS's interventions include member education through member engagement where members were contacted telephonically to encourage the parent/guardian to schedule and complete well child visits. The Member Handbook was also sent to all newly enrolled members and is also available on the BCBS website introducing benefit information regarding well-child visits 0-15 months. The Community Health Workers (CHWs) tool also continued to be used which provides talking points encouraging guardians of members newborn to 15 months to schedule and complete well-child visits routinely. 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 and childhood immunizations. BCBS's Quality Department contributed to the Member Advisory Board (MAB) and Native American Advisory Board (NAAB) meetings in DY9 Q1 in conjunction with the Community Outreach Team where health education information on the importance of Well Child Visits was presented at these meetings.

PHP: PHP continues parent/guardian outreach with reminders, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) letters, assistance as needed to establish with a pediatric provider and/or schedule appointments. The team continues education both at the member and provider level regarding the Baby Bonus Program, its relevance and ease of participation. PHP attributes the increase in performance to claims lag, as compared to the

previous quarter, as well as the easing of pandemic restrictions and outreach efforts.

WSSC: The Western Sky Provider Quality Liaisons continue to conduct Provider meetings, to encourage Provider outreach to assigned or attributed members. Western Sky continued its member texting campaign (mPulse) in DY9 Q1.

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

The percentage of members ages 3 through 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 2023.

CY 2022 target is 58.14%.

BCBS Q1 10.56%

PHP Q1 11.02%

WSSC Q1 8.92%

MCO Aggregate: Q1 Total 10.60%

**MCO Strategies and Interventions:**

BCBS: The Clinical Consultant team continues to work with providers to provide education on the need to document and code for the WCC measure. The Clinical Consultant team met with 8 provider groups in January, 15 in February, and 6 provider groups in March to provide this and other information. The Blue For Your Health member newsletter encourages participation in Member Advisory Board meetings and that those discussion topics include Centennial Rewards. The Centennial Reward for a well child/adolescent visit may also assist in encouraging parents to

schedule well child/adolescent visits with the healthcare provider.

PHP: In the last few years, PHP has worked on and continues to work on improved year-round data collection. These have included establishing a year-round abstraction program to actively chase information from medical records. PHP also continues working with providers to develop standard capture processes in the Clinical Data Information (CDI) processes.

WSCC: The Provider Quality Liaisons and the Value Based Purchasing team worked with the quality department on provider education for coding. The teams also continued to work on data transfers from providers' electronic health records, to obtain member health information from providers' medical records.

**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 42 Calendar Days of enrollment in the CONTRACTOR's MCO.

CY 2022 target is 82.73%.

BCBS Q1 59.50%

PHP Q1 50.98%

WSCC Q1 52.23%

MCO Aggregate: Q1 Total 54.21%

MCO Strategies and Interventions:

BCBS: BCBS continues aiming to engage members. This includes the Special Beginnings program, which is a voluntary maternity program. Pregnant members are outreached by health advocates and care coordinators. Enhancing this intervention is the Centennial Home Visiting program that outreach pregnant members and children. If enrolled, they are followed until the child reaches 3-5 years of age. An educational activity is the "Blue for Your Health" member newsletter providing pregnant related articles. BCBS Clinical Value Consultants meet with providers and share performance measure outcomes as part of value based

contracting efforts.

PHP: PHP continues to work with providers, community resources, clinics and care centers to encourage members to obtain prenatal care with the first trimester visit through delivery. In addition, Program Managers (PM) in the Performance Improvement (PI) unit work with Care Coordinators to outreach to members in need of visits both to educate on importance of obtaining care and the PHP Baby Benefit Reward Program.

WSCC: An mPulse Texting campaign continues on a bi-weekly basis and is sent as member reminders for upcoming prenatal care appointments. The mPulse texts include a direct link for members to download the Pacify application. Pacify is an application that the member can use 24/7 for assistance with lactation specialists and is used to answer questions through a Nurse advice line that is provided. Start Smart for Baby (SSFB) continues to be available for all expecting mothers, upon completion of the Notification of Pregnancy form. This program allows them 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 7 and 84 Calendar Days after delivery.

For this measure the NCQA offers the option to utilize a hybrid review method which consists of administrative claims data and medical record review. The quarterly MCO data provided for this measure consists of strictly administrative data. The actual rate will be available in June 2023.

CY 2022 target is 65.95%.

BCBS Q1 42.11%

PHP Q1 61.98%

WSCC Q1 40.11%

MCO Aggregate: Q1 Total 52.37%

**MCO Strategies and Interventions:**

**BCBS:** BCBS interventions are aiming to engage members using the Special Beginnings (SB) Program, which is a voluntary maternity program. Pregnant members are outreached. Enhancing the SB program is the Centennial Home Visiting program that outreach pregnant members, maintaining involvement following delivery. If enrolled, they are followed until the child reaches 3-5 years of age. An educational activity is the “Blue for Your Health” member newsletter providing pregnancy related educational articles. BCBS Quality Management Specialist utilizes company platforms i.e. EDIE (Emergency Department Information Exchange) to identify and outreach postpartum members. Calls are also made to offer members assistance in attending their postpartum appointment. If members are not contacted, an unable to reach letter is mailed as a follow up to the outreach call. Additionally, if a pregnant member is high-risk and or requires more assistance, referrals are made to the care coordination team for further outreach and assistance. BCBS Clinical Value Consultants meet with providers in standing monthly meetings; sharing performance measure outcomes as part of value based contracting efforts.

**PHP:** PHP continues to work with providers, community resources, clinics and care centers to encourage members to obtain postpartum care after delivery. In addition, Program Managers (PM) in the Performance Improvement (PI) Unit work with Care Coordinators to outreach to members in need of visits both to educate on importance of obtaining care and the PHP Baby Benefit Reward Program. PHP attributes the increase in performance to claims lag, as compared to the previous quarter, as well as the easing of pandemic restrictions and outreach efforts.

**WSCC:** In DY9 Q1, Western Sky continued utilizing Tricare data to determine additional births have not been reported by network hospitals. WSCC’s Start Smart for Your Baby intervention increases communication, allowing new mothers to be more engaged in their baby’s health and their postpartum health. The mPulse weekly texting campaign provides reminders to members for follow up visits.

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

The percentage of children 2 years of age who had 4 diphtheria, tetanus and acellular pertussis (DTaP); 3 polio (IPV); 1 measles, mumps and rubella (MMR); 3 haemophilus influenza type B (HiB); 3 hepatitis B (HepB); 1 chicken pox (VZV); and 4 pneumococcal conjugate (PCV) vaccines by their 2nd 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 2023.

CY 2022 target is 70.53%.

BCBS Q1 40.41%

PHP Q1 62.63%

WSCC Q1 41.83%

MCO Aggregate: Q1 Total 45.26%

**MCO Strategies and Interventions:**

BCBS: BCBS continued member education with Community Health Workers (CHWs) tool: Wellness Guidelines and Information, provides talking points encouraging parent/guardians of children 2 years of age to complete Combo 3 Immunizations. This tool continues to be utilized by CHW staff. Members were also contacted telephonically to encourage the parent/guardian to complete immunizations as needed. Assistance in scheduling an appointment was also offered to members. In DY9 Q1, BCBS Quality Department contributed to the Member Advisory Board (MAB) and Native American Advisory Board (NAAB) meetings held in February and March in conjunction with the Community Outreach Team where health education information on the importance of Childhood Immunizations was presented at these meetings.

PHP: PHP continues with parent/guardian outreach, EPSDT letters, and assistance as needed to get established with a pediatric provider and/or schedule appointments. Additional

outreach is done through community events, School Based Health Systems and support of Got Shots Program in New Mexico. PHP attributes the increase in performance to claims lag, as compared to the previous quarter, as well as the easing of pandemic restrictions and outreach efforts.

WSCC: WSCC continues to provide member gap lists to Value Based Payment providers and share best practices for a concentrated focus on getting members scheduled for visits. The WSCC team also continues to work with providers to pull supplemental data from providers' electronic health record.

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

The number of members age 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 180 Calendar Days (6 months) of continuous treatment with an antidepressant medication.

CY 2022 target is 35.19%.

BCBS Q1 32.36%

PHP Q1 46.17%

WSCC Q1 33.18%

MCO Aggregate: Q1 36.57%

MCO Strategies and Interventions:

BCBS: A member education video on the importance of medication compliance was recorded in DY9 Q1. The video is currently in postproduction and is expected to be delivered in DY9 Q2. A provider education webinar, Differential Diagnoses of Depression: Assessment and Treatment, took place in DY9 Q1. This webinar included AMM and was attended by 55 New Mexico providers. The webinar recording became available in DY9 Q1 for providers to view any time after the live webinar and to receive continuing education or continuing medical education credit. Other possible interventions for AMM were explored in DY9 Q1, including the possibility of offering members a health app to aid with antidepressant medication compliance.

PHP: PHP's collaboration between physical health and behavioral health providers was promoted through a newsletter article detailing how collaboration between physical health and behavioral health providers improves health outcomes published in DY9 Q1. Enhancing communications between various sections of the health plan occurred throughout DY8, including adding a presentation on this topic into the BH Provider Town Hall, and an article in the provider newsletter. Additionally, all outpatient BH providers participating in a Treatment Record Review were provided with a handout educating on all BH HEDIS measures, including AMM. This measure was also included in the Management of Clinical Depression Performance Improvement project and all performance indicators within the project were met in DY8.

WSCC: The WSCC Pharmacy team continues to identify members with no antidepressant refills remaining on their prescription. The WSCC Pharmacy team suggests 90-day medication fills to improve medication adherence. 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, who is an RN. The BH DM Health Coach reaches out to members telephonically about their anti-depressant prescriptions to provide education. AMM members are contacted at least monthly and complete the PHQ-9 depression assessment.

**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 2022 target is 46.14%.  
BCBS Q1 41.26%  
PHP Q1 47.16%  
WSCC Q1 45.30%

MCO Aggregate: Q1 Total 44.74%

MCO Strategies and Interventions:

BCBS: In an effort to continue to improve the rates for this measure, planning was completed in DY9 Q1 for the Substance Abuse: Coordinating Care and Improving Follow-up provider education webinar that will take place in DY9 Q2. In addition, there may be overdiagnosis of substance use disorder based on minimal screening that needs further exploration and this will be addressed in the upcoming provider education webinar in DY9 Q2. Recording of a member education video on the importance of seeking professional substance abuse treatment was completed in DY9 Q1 and the video is currently in postproduction with expected delivery in DY9 Q2. Planning was completed in DY9 Q1 for a training on this measure for the Care Coordination team that will take place in DY9 Q2. The Provider Enhanced Payment Incentive remained an intervention and continued to be discussed in Provider Network meetings with provider groups in DY9 Q1. The Reserved Appointment Initiative was continued in DY9 Q1 with Recovery Support Assistant (RSA) staff assisting members with scheduling follow-up appointments.

PHP: Incentivization of IET Initiation appointments as part of the Value Based Purchasing Provider Quality Incentive Program (PQIP) and Behavioral Health Quality Incentive Program (BQIP) continued in DY9 Q1. In DY9 Q1, a new provider contact list was drafted and reviewed for potential enrollment with BQIP. VBP programs were promoted during the DY9 Q1 Provider Education Conference (PEC) and the DY9 Q1 BH Provider Town Hall. Eligible providers were encouraged to enroll in either the PQIP or BQIP IET metrics, however there were no new enrollees in BQIP in DY9 Q1. The Director of Recovery and Resiliency delivered a presentation to the Care Coordination team in DY9 Q1. The presentation focused on using strength-based language with members in recovery for AOD/SUD. Member outreach for members within the IET measure continued in DY9 Q1. 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. Prior to

COVID-19, CHW staff would attempt to engage the member face to face while in the ED as this led to greater probability of engagement, however all outreach has remained telephonic in DY9 Q1. 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. Certified peer support workers stationed in 5 emergency departments (some EDs operating with only virtual peer services) within the PHS delivery system continued to operate in DY9 Q1. The peers primary focus is to engage individuals with opioid overdose or opioid related episodes into recovery and treatment, however they also will assist members with alcohol related episodes.

WSSC: Members who are not engaged with an outpatient provider are referred to NM Family Services for outreach and engagement in treatment. The IET member incentive program has increased member engagement and compliance for this measure. The Member Connections (MC) program assists members with scheduling of appointments, as well as finding needed resources within the plan or externally. PQLs develop relationships with providers to assist with HEDIS gap closure for IET.

**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 2022 target is 52.02%.

BCBS Q1 48.30%

PHP Q1 49.22%

WSSC Q1 50.23%

MCO Aggregate: Q1 Total 49.03%

MCO Strategies and Interventions:

BCBS: The Facility Incentive Program, Outpatient Incentive Program, and Reserved Appointment Initiative all remained as

interventions in DY9 Q1. A member education video on the importance of mental health treatment and follow-up was recorded in DY9 Q1 and is in postproduction. The video will be delivered in DY9 Q2. A provider education webinar on the Differential Diagnoses of Depression: Assessment and Treatment took place in DY9 Q1 and included education on this measure. Planning for another webinar that will also include this measure and take place in DY9 Q2, continued in DY9 Q1. Providers will be given CME/CEU credit for attending the webinars. The possibility of expanding the Reserved Appointment Initiative is being explored.

PHP: The following activities occurred in DY9 Q1 aimed towards improving measure performance: All VBP programs continued in DY9 Q1, 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. In DY9 Q1, a new provider contact list was drafted and reviewed for potential enrollment with BQIP. VBP programs were promoted during the DY9 Q1 Provider Education Conference (PEC) and the DY9 Q1 BH Provider Town Hall. Eligible providers were encouraged to enroll in either the PQIP or BQIP FUH metrics; there were 2 new provider groups who opted into the BQIP FUH metric in DY9 Q1. In DY9 Q1, all 13 MFIP facilities participated in quarterly engagement meetings. MFIP meetings are used to problem-solve any barriers to performance and includes input from different departments across the health plan and inpatient organization to help address strengths and specific gaps identified. Collaboration will continue between utilization management, hospital discharge planning staff, and Care Coordination teams.

A new FUH appointment strategy was initiated by PHP in DY8 in which inpatient rostered masters-level or higher providers are reimbursed for completing telehealth FUH appointments between days 2-7 post-discharge. The Care Coordination team attended a presentation on all BH HEDIS measures, including FUH, in March 2022. The presentation included tips on how to support members who fall into this metric and how to meet follow-up appointment

timelines. Routine Inpatient Care Coordination (IPCC) activities continued in DY9 Q1. IPCC activities include contacting members who were hospitalized and offering Care Coordination services, including discharge planning assistance.

A PHP specialized IP Task Team continued to meet in DY9 Q1. Meetings are used to discuss and coordinate care related to several individual members with high utilization rates to reduce rehospitalization rates for those members. The IP Task Team is actively addressing these members' barriers to stabilization in the community, in order to decrease their overall hospitalization rates. An article on the importance of follow-up appointments after hospitalization for mental illness was submitted for inclusion in the Centennial Care Provider Newsletter in DY9 Q1.

WSSC: Telehealth Behavioral Health Discharge Incentive Program works to provide incentives for continuous improvement of discharge coordination and collaborative efforts between psychiatric hospitals and community behavioral health providers. Members who complete their 7 day follow up appointment with a mental health counselor receive a \$30 gift card through the FUH Gift Card Incentive Program. This includes members who complete the telehealth assessment with TeamBuilders Behavioral Health. BH Providers have been given an "At-a-Glance" BH Provider Toolkit which contains BH HEDIS measure details, tips, and best practice strategies. The kit is being updated with Measurement Year (MY) 2022 specs and will be redistributed upon completion. Provider training curriculum has been developed and is aimed at supporting BH providers in delivering quality care. Focus is on effective care coordination and improved outcomes in medication management, lab testing, and follow-up treatment.

**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 2022 target is 46.50%.  
BCBS Q1 46.85%  
PHP Q1 60.71%  
WSCC Q1 48.78%  
MCO Aggregate: Q1 Total 53.31%

**MCO Strategies and Interventions:**

**BCBS:** A provider education webinar on the Differential Diagnoses of Depression: Assessment and Treatment occurred in DY9 Q1 and included education about the importance of follow-up care as well as this measure. Planning continued in DY9 Q1 for another provider education webinar in DY9 Q2 that will include further education on coordinating care and follow-up and will again include this measure. CME/CEU credit will again be offered to providers. A member education video on the importance of mental health treatment and follow-up was recorded in DY9 Q1 and is expected to be available in DY9 Q2 when postproduction is completed. Transition of Care (TOC) staff and Recovery Support Assistant (RSA) staff continued to conduct member outreach using the EDIE© system in DY9 Q1.

**PHP:** The following activities occurred in DY9 Q1 aimed towards improving measure performance: 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. Incentivization of FUM appointments as part of the Value Based Purchasing Provider Quality Incentive Program (PQIP) and Behavioral Health Quality Incentive Program (BQIP) continued in DY9 Q1. In DY9 Q1, a new provider contact list was drafted and reviewed for potential enrollment with BQIP. VBP programs were promoted during the DY9 Q1 Provider Education Conference (PEC) and the DY9 Q1 BH Provider Town Hall. Eligible providers were encouraged to enroll in either the PQIP or BQIP FUM metrics, and 2 provider groups opted into FUM BQIP in DY9 Q1. The Care Coordination

team attended a presentation on all BH HEDIS measures, including FUM, in March 2022. The presentation included tips on how to support members who fall into this metric and how to meet follow-up appointment timelines. Care Coordinators continue to routinely assess members who were in the Emergency Department, as part of daily Critical Incident operations. An article on the importance of follow-up appointments after ED visits for mental illness was submitted for inclusion in the Centennial Care Provider Newsletter in DY9 Q1. PHP attributes the increase in performance to claims lag, as compared to the previous quarter, as well as the easing of pandemic restrictions and outreach efforts.

WSSC: Members are referred to TeamBuilders Behavioral Health as the first line approach for outreach starting with DY9 Q2 based on daily ED visit lists from Collective Medical and Interpreta; the Member Connections Team is no longer doing the initial outreach. A TeamBuilders Behavioral Health mental health clinician completes an initial telehealth assessment and assists with connecting members with an outpatient mental health counselor for ongoing care. Members who need additional support, such as Peer Support or Care Coordination, are referred to WSSC Member Connections Team by the TeamBuilders clinician. Members receive outreach via mPulse text messaging to remind them to schedule follow-up appointments and offer information for connecting with WSSC for additional support. PCPs are notified of members' behavioral health diagnoses through WSSC's Rapid Fax Program.

**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 2022 target is 82.07%.

BCBS Q1 40.76%

PHP Q1 41.50%  
WSSC Q1 40.10%  
MCO Aggregate: Q1 Total 41.07%

MCO Strategies and Interventions:

BCBS: Planning occurred in DY9 Q1 for another campaign to send in-home diabetes screening test kits to members. Test kits will be mailed to members who agree to receive a test kit beginning in DY9 Q2. Planning and marketing continued in DY9 Q1 for a provider education webinar on Diabetes and Behavioral Health, that will include SSD, and is scheduled for DY9 Q2. Additional staff were trained on the SSD measure in DY9 Q1 in order to resume making member outreach calls reminding members about the importance of following up with their provider for diabetes screening. Member outreach calls are expected to resume the beginning of DY9 Q2. In DY9 Q1, a member incentive for completing an in-home diabetes screening test kit was explored.

PHP: In DY9 Q1, PHP's QI team continued work on the abstraction project for SSD member records. Gap in care lists are cross referenced with inpatient hospitalization records in an effort to secure lab results that likely took place during inpatient hospitalization. Incentivization of SSD appointments as part of the Value Based Purchasing Provider Quality Incentive Program (PQIP) and Behavioral Health Quality Incentive Program (BQIP) continued in DY9 Q1. In DY9 Q1, a new provider contact list was drafted and reviewed for potential enrollment with BQIP. VBP programs were promoted during the DY9 Q1 Provider Education Conference (PEC) and the DY9 Q1 BH Provider Town Hall. Eligible providers were encouraged to enroll in either the PQIP or BQIP SSD metrics, and 1 provider group opted into SSD BQIP in DY9 Q1. A provider educational letter for SSD was drafted and submitted for approval in DY9 Q1. Provider letters are scheduled for distribution in DY9 Q2. The Care Coordination team attended a presentation on all BH HEDIS measures, including SSD, in March 2022. The presentation included tips on how to support members who fall into this metric and how to meet metabolic monitoring requirements. The BH QI team began working on a Treatment Record Review (TRR) for members diagnosed with schizophrenia

to increase educational opportunities to BH providers on best practices for prescribing antipsychotics to members diagnosed with schizophrenia and schizoaffective disorder. The TRR universe for members diagnosed with schizophrenia was pulled in DY9 Q1. Medical record requests began in DY9 Q1, and record reviews are scheduled to begin in DY9 Q2.

WSSC: Action plans implemented in DY8 Q4 and continued into DY9 Q1 are Lab2U A1c screening kits, and outreach to provider prescribers for these members. Care Coordinator work with their members to address all gaps in care. This includes providing member education, connecting member to a provider and assisting with transportation or any barrier to getting to the appointment.

**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 outcomes and 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 DY9 Q1 reporting:

**TM #1 – Fall Risk Management**

The percentage of Medicaid members 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 0.01%  
PHP Q1 3.49%  
WSSC Q1 0.52%

MCO Aggregate: Q1 0.91%

MCO Interventions:

BCBS: BCBS educates clinicians, reminding them of the need to perform a fall risk assessment when they evaluate a member aged 65 or over who has had a fall and to also drop the code for the assessment.

PHP: Care coordinators conduct assessments to evaluate fall risk. When risks are identified, they are addressed in the member's care plan and identified interventions are discussed with the member. Agreed upon interventions are implemented to reduce fall risk.

WSCC: Referrals are made by Western Sky staff to the NM DOH Falls Prevention Programs for members.

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 18 and older. Reported as a rate per 100,000 member months. A lower rate indicates improvement for this measure.

BCBS Q1 19.17

PHP Q1 14.90

WSCC Q1 1.22

MCO Aggregate: Q1 Total 14.87

MCO Interventions:

BCBS: Newly developed Short-Term Complication Admissions (STCA) provider questionnaire was implemented and delivered to 107 unique BCBS attributed providers caring for members diagnosed with diabetes age 18 and older during DY9 Q1 concerning DY8 Q4 STCA admissions.

PHP: Mailings to the entire population of members with diabetes were mailed in March. The approximate total mailed was: 16,661 in English and 1,551 in Spanish.

WSSC: The Disease Management Program continues to provide ongoing member-centric care planning, medication management and adherence support for members with diabetes.

TM #3 – Screening for Clinical Depression

Percentage of Medicaid enrollees ages 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 0.80%

PHP Q1 1.02%

WSSC Q1 0.96%

MCO Aggregate: Q1 Total 0.94%

MCO:

BCBS Intervention: In DY8 Q4, efforts were made to identify those providers who are screening for depression but are not including the results code in their billing.

PHP: As components of the Performance Improvement Project (PIP), both physical and behavioral health providers were educated on the importance of more frequent depression screening, and the risks of comorbid depression on other physical health diagnoses during Provider Education Conferences held on 3/16/2022 and 3/17/2022.

WSSC: The primary strategy for this measure is provider education and awareness of the need for member depression screening, conducted in VBP Provider Engagement meetings.

TM #4 – Follow-up after Hospitalization for Mental Illness

The percent of 7-day follow-up visits into community-based Behavioral Health care for child and for adult members released from inpatient psychiatric hospitalizations stays of 4 or more days. An increase in rate indicates improvement for this measure.

BCBS Q1 32.99%  
PHP Q1 36.33%  
WSCC Q1 15.38%  
MCO Aggregate: Q1 Total 32.22%

MCO Interventions

BCBS: A member education video on the importance of mental health treatment and follow-up care was recorded in DY9 Q1 and will be delivered in DY9 Q2.

PHP: All Value-Based Purchasing (VBP) programs continued in DY9 Q1, 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.

WSCC: Behavioral Health Liaisons continue their attempts to engage members during their inpatient stay as well as post discharge to address barriers to a successful discharge.

TM #5 – Immunizations for Adolescents (IMA)

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

BCBS Q1 71.25%  
PHP Q1 73.61%  
WSCC Q1 20.92%  
MCO Aggregate: Q1 Total 67.43%

MCO Interventions:

BCBS: Preventive Health handout distributed to providers by a Network Services Representative, that provides health education to members encouraging immunizations for adolescents.

PHP: Program Managers are working on coordination with Community Health, an organization that hosts community

immunization clinics throughout New Mexico.

WSCC: The Centennial Rewards program has launched a new reward for DY 9 that includes Child and Adolescent Well-Care Visit incentive. Members receive additional reward points for completing adolescent immunization series by age 13.

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 168  
PHP Q1 299  
WSCC Q1 42  
MCO Aggregate: Q1 Total 509

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 919  
PHP Q1 1,547  
WSCC Q1 251  
MCO Aggregate: Q1 Total 2,717

MCO Interventions:

BCBS: Day supply limits have been removed to allow members to have access to medications without limiting how many days they can use the products.

PHP: PHP has increased community events and mailings to reach additional New Mexicans about the importance of stopping tobacco use.

WSCC: WSCC's Tobacco Cessation Disease Management Program provides telephonic outreach, education and support services to increase the quit rate for smoking amongst teens and

pre-teens.

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 73.54

PHP Q1 65.72

WSCC Q1 33.32

MCO Aggregate: Q1 Total 64.93

MCO Interventions:

BCBS: The Transition of Care (TOC) team continue to provide education about the importance of primary care, assisting with appointment scheduling, and following up with patients to monitor and address additional barriers.

PHP: PHP continues to look at contracting with providers throughout New Mexico to increase appointment availability. PHP supports expansion and utilization of alternative treatment modalities such as urgent care, telehealth, and telephonic visits.

WSCC: Care Coordinators, Quality Nurses and Member Connections staff utilize Collective Medical to run customized reports based on member utilization and claims for targeted interventions.

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 9.15

PHP Q1 8.31

WSCC Q1 5.31

MCO Aggregate: Q1 Total 8.28

MCO Interventions:

BCBS: BCBS contracts with the Emergency Department

Information Exchange (EDIE), a key tool that allows peer support and community health workers to monitor members utilizing the emergency room.

PHP: PHP works with members and provider to encourage and assist members in obtaining preventative and screening services to prevent the need for ED visits.

WSCC: WSCC utilizes Collective Medical for reporting and notifications when members present to the ED, via alerts.

TM #9 – Annual Dental Visit (ADV)

The percentage of enrolled members ages 2 to 20 years who had at least 1 dental visit during the measurement year. An increase in percentage indicates improvement for this measure.

BCBS Q1 19.66%

PHP Q1 22.46%

WSCC Q1 8.88%

MCO Aggregate: Q1 Total 20.09%

MCO Interventions:

BCBS: The Quality Department continued its involvement with the Member Advisory Board (MAB); using the Native American Advisory Board (NAAB) meetings to provide education on the importance of Dental Health.

PHP: Performance Improvement Department is doing training with internal and external departments such as Community Outreach and Education to Early Intervention Home Visitors about the importance of annual dental visits starting at age 2.

WSCC: Western Sky developed strategies in DY9 Q1 to implement in DY9 Q2, including Dental Days clinics with Familia Dental that will occur in May of this year.

TM #10 – Controlling High Blood Pressure (CBP)

The percentage of members ages 18 to 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 8.37%

PHP Q1 19.35%

WSCC Q1 3.16%

MCO Aggregate: Q1 Total 13.52%

MCO Interventions:

BCBS: Efforts to reach members through the member newsletter remains an important communication tool. In DY9 Q1, members could access the Winter newsletter edition of Blue for Your Health to find out more about the importance of blood pressure management. An article titled 'Are You Getting the Care You Need When You Need It?' included information on Controlling Blood Pressure.

PHP: PHP is working with members, providers and pharmacies to ensure members understand their hypertension (HTN) diagnosis.

WSCC: WSCC offers a variety of health education programs available statewide for our members with chronic health conditions, such as diabetes with comorbid complications of high blood pressure.

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

The percentage of members ages 6 to 12 newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had 1 follow-up visit with a practitioner with prescribing authority within 30 days of when the first ADHD medication was dispensed. An increase in rate indicates improvement for this measure.

BCBS Q1 46.09%

PHP Q1 26.77%

WSCC Q1 45.62%

MCO Aggregate: Q1 Total 35.95%

MCO Interventions:

BCBS: Provider education has remained the main focus of intervention for this measure. A depression webinar that included education on the ADD measure, ADHD medication, and information on follow-up care, occurred in DY9 Q1 and was recorded for continuing education or continuing medical education credit.

PHP: An article on the importance of ADD follow-up appointments was submitted for inclusion in the Centennial Care Provider Newsletter in DY9 Q1.

WSCC: For members in Care Coordination, WSCC addresses any medication needs or concerns, assists with arranging transportation to and from provider appointments, and reviews the list of medications that the members are taking.

TM #11 – Follow-Up Care for Children Prescribed ADHD Medication (ADD) Continuation and Maintenance Phase:

The percentage of members ages 6 to 12 newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who remained on the medications for at least 210 days who, in addition to the visit in the Initiation Phase had at least 2 follow-up visits with a practitioner within 9-months after the Initiation Phase. An increase in percentage indicates improvement for this measure.

BCBS Q1 60.29%

PHP Q1 37.97%

WSCC Q1 58.33%

MCO Aggregate: Q1 Total 48.30%

MCO Interventions:

BCBS: A member education video on the importance of medication compliance was created in DY9 Q1.

PHP: Care Coordination teams attended a presentation on all BH HEDIS measures, including ADD, in March 2022. The presentation included tips on how to support members who fall into this metric and how to meet metabolic monitoring requirements.

WSCC: As part of WSCC's Psychiatric Medication Utilization Review process, if a member is on 2 or more concomitant stimulants or alpha agonists, their case would potentially be brought to rounds for further review.

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

The percentage of members 3 to 21 years of age who had at least 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 8.83%

PHP Q1 7.46%

WSCC Q1 4.53%

MCO Aggregate: Q1 Total 7.62%

MCO Interventions:

BCBS: The Special Beginnings Program promotes the importance of well child visits post-delivery.

PHP: Encouraged medical record collection and abstraction.

WSCC: The mPulse mobile texting campaign is utilized for this quality measure to encourage members to schedule well care visits.

**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 DY9 Q2 consisted of the following:

DY6 EQR Reviews and Validations:

2019 Performance Improvement Projects (PIPs) Validation posted to the HSD website.

	<p><u>DY7 EQR Reviews and Validations:</u></p> <p>2020 Compliance Review posted to the HSD website.</p> <p>2020 Validation of Performance Measures posted to the HSD website.</p> <p>2020 Validation of Performance Improvement Projects is in final review stages by HSD Leadership.</p> <p>2020 Network Adequacy Validation is in final review stages by HSD Leadership.</p>
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**UTILIZATION**

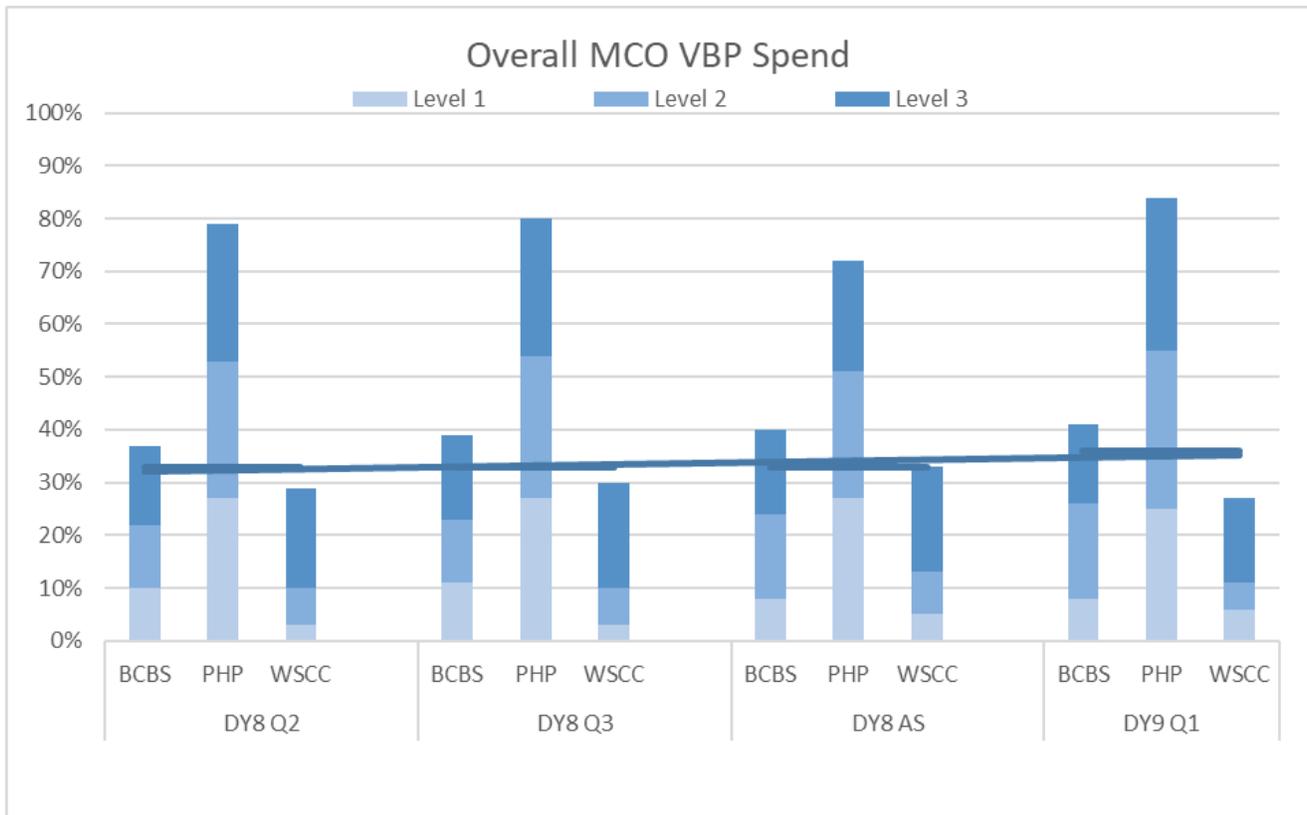
- Centennial Care 2.0 key utilization data and cost per unit data by programs is provided for April 2020 – March 2022. Please see Attachment C: Key Utilization/Cost per Unit Statistics by Major Population Group.
- The underlying utilization and unit cost data is based on paid claims with no additional estimation for claims incurred but not reported. As such, a certain level of underreporting exists due to claims runout, especially in the most recent months of the April 2021 – March 2022 time period.
- Year over year changes in costs per unit for inpatient services are impacted by a large temporary fee increase for inpatient hospital services that was effective April 2020 – September 2020. This temporary fee increase resulted in an increase to costs per unit for inpatient services during the April 2020 – March 2021 time period which did not carry over to the subsequent 12-month time period.

**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. DY9 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required Spend	12%	15%	9%
Required ProviderTypes	<ul style="list-style-type: none"> <li>• Traditional PH Providers with at least 2 small Providers.</li> <li>• BH Providers (whose primary services are BH).</li> <li>• Long-Term Care Providers including nursing facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Traditional PH Providers with at least 2 small Providers.</li> <li>• BH Providers (whose primary services are BH).</li> <li>• Long-Term Care Providers including nursing facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• 8% with traditional PH Providers.</li> <li>• 1% with Providers who are primarily BH (whose primary services are BH).</li> <li>• Actively build Long-Term Care Providers including nursing facilities full-risk</li> </ul>

For DY9 Q1, BCBS and PHP have met or exceeded the required VBP spend target of 36%. For DY9 Q1, WSCC has not met the target and currently sits at 28%. DY8 Q4 data was refreshed utilizing the DY8 annual supplement.



Source: 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 DY7 resulting in a provider rate increase for outpatient settings, including Evaluation & Management codes, dispensing fees to community-based pharmacies, Long-Term Services and Supports providers, and supportive housing benefits for people with Serious Mental Illness. There also were increases in payment rates to governmental and investor-owned hospitals, as well as hospitals serving a high share of members who identify as Native American.

HSD includes requirements in its Centennial Care 2.0 Managed Care Organization Contract that MCOs monitor usage of emergency rooms by their members and evaluate whether lesser acute care treatment options were available at the time services were provided. This results in the MCOs identifying high ED-utilizer members by monitoring data such as diagnosis codes and ER visit encounters and taking proactive steps to refer them to providers. The MCOs implement member engagement initiatives to assist in identifying member challenges through systemwide activities, including outreach by care coordinators, peer-support specialists (PSS), community health workers (CHWs), and community health representatives (CHRs) to decrease inappropriate ER utilization.

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

Because access to primary care is a key factor in reducing nonemergent Emergency Department visits, HSD is also working with graduate medical education (GME) programs to establish and/or expand existing programming, specifically in the primary care specialties of Family Medicine, General Internal Medicine, General Psychiatry, and General

Pediatrics. A GME expansion 5-year strategic plan released by HSD in January 2020 estimates that 46 new primary care residents will graduate in New Mexico each year, beginning in 2025; and, the number of primary care GME programs will grow by more than 60% within the next 5 years.

BCBS began an evidence-based program to ensure members are established with a Primary Care Provider (PCP). BCBS pulls weekly reports which identify members who have had 6 or more ED visits in 6 months. The BCBS Community Health Worker (CHW) team calls members to provide education about the importance of seeing their doctor rather than returning to the ER. The CHW team also helps the member become established with a PCP. Additionally, BCBS's digital teams sends non-PHI texts to members using Collective Medical real-time data, while the member is in the emergency room, suggesting options such as urgent care or primary care. The goal of digital outreach is so there is immediate response and follow-up action or encouragement for the member.

PHP interventions for preventing non-emergent ER utilization include monitoring Collective Medical real-time data for high utilizer or chronic utilizers in order to notify a CHW or peer support specialist when a member has arrived in the ED and prompts a live outreach option. Interventions include issuing educational materials, partnerships within the PHS delivery system and their partnership with Albuquerque Ambulance for Paramedicine. PHP has 2 unique programs, first is statewide outreach for the difficult-to-engage population and second is a high-risk task force reviewing claims and calling entities who have rapport with members to intervene. PHP VBP groups discuss barriers to improve access to care and high ED utilization while Long Term Services and Support (LTSS) programs collaborate with TOC teams for hospitalization discharge to prevent readmissions and completing in-home nurse practitioner visits. PHP also helps sponsor rural providers to gain access to pre-manage real-time systems and offers provider incentives when they provide after-hours care.

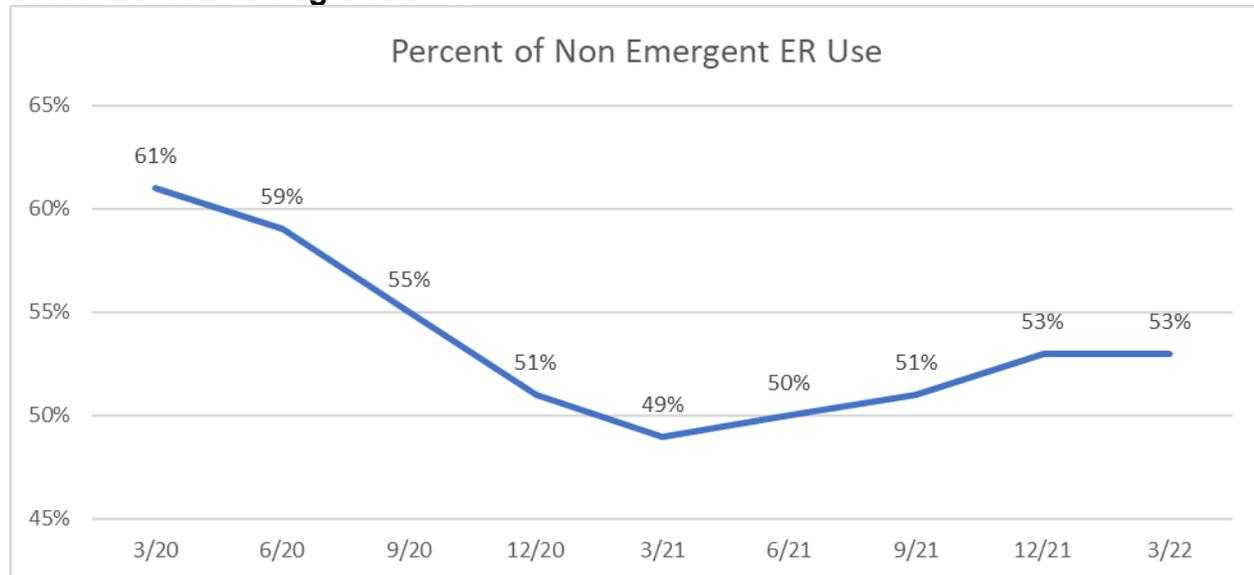
WSCC has a texting campaign utilizing Collective Medical real-time data providing follow up or connecting members to WSCC Member Connections (MC) teams that consist of peer support specialists and CHWs with the outcome of connecting to PCPs, urgent care, or nurse advice line. WSCC Care Coordinators use Collective Medical real-time data and are trained to receive alerts on emergency usage and provide support following the ER visit, provide educational flyers, and distribute magnets with contact information. WSCC providers also call members to follow-up after an ED mental health visit.

As a result of the MCO strategies and interventions in DY8, which focused on reducing ED visits for non-emergent care, the percentage of emergency utilization that are considered

low acuity remained stable from DY8 Q4 to DY9 Q1. In comparing low acuity ED visits from March of 2021 (49%) to March of 2022 (53%), the percentage of visits to the emergency department for non-emergent care increased by 4 percentage points. A lower rate indicates improvement for this measure. The trend for this measure indicates a steady increase in the number of low acuity ED visits.

The graph below reflects the percentage of members using the ER for non-emergent care between DY7 Q1 and DY9 Q1. Data is reported quarterly based upon a rolling 12-month measurement period and excludes retro membership. The data for DY9 Q2 will be reported in the DY9 Q3 CMS Quarterly Monitoring Report.

**Table 27: Non-Emergent ER Use**



Source: Mercer- Non-Emergent Emergency Room Utilization Report

# 14

## MANAGED CARE REPORTING REQUIREMENTS

### **GEOGRAPHIC ACCESS**

Geographic access performance standards remain the same in DY9 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.

### ***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.

**Table 28: Physical Health Geographical Access**

Geo Access PH DY9 Q1 (January - March 2022)									
	Urban			Rural			Frontier		
PH - Standard 1	BCBS	PHP	WSCC	BCBS	PHP	WSCC	BCBS	PHP	WSCC
PCP including Internal Medicine, General Practice, Family Practice	100.00%	100.0%	100.0%	99.50%	100.0%	100.0%	100.0%	99.9%	100.0%
Pharmacies	100.00%	100.0%	100.0%	100.00%	100.0%	100.0%	100.0%	100.0%	99.9%
FQHC - PCP Only	100.00%	100.0%	100.0%	90.60%	91.1%	99.4%	96.9%	89.2%	98.8%
PH - Standard 2									
Cardiology	99.20%	98.9%	99.1%	99.8%	100.0%	100.0%	99.8%	99.9%	99.8%
Certified Nurse Practitioner	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Certified Midwives	99.20%	98.9%	94.2%	87.2%	94.4%	99.2%	99.8%	98.6%	98.2%
Dermatology	99.20%	98.9%	98.9%	70.9%	73.4%	90.3%	85.3%	89.6%	98.1%
Dental	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Endocrinology	99.20%	98.9%	98.9%	74.1%	64.9%	87.0%	84.3%	88.9%	92.6%
ENT	99.10%	98.8%	98.9%	86.4%	88.0%	100.0%	95.1%	88.5%	97.3%
FQHC	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hematology/Oncology	99.20%	99.0%	98.9%	90.3%	95.2%	98.5%	93.0%	97.9%	88.8%
Neurology	99.20%	98.9%	98.9%	98.8%	93.0%	91.8%	94.0%	92.9%	95.4%
Neurosurgeons	99.10%	83.4%	98.9%	39.6%	75.0%	40.5%	67.6%	87.8%	81.8%
OB/Gyn	99.30%	98.9%	99.0%	99.7%	99.7%	100.0%	99.8%	99.8%	99.7%
Orthopedics	99.20%	98.9%	98.9%	99.7%	93.8%	100.0%	96.4%	98.3%	99.7%
Pediatrics	100.00%	98.9%	99.0%	99.8%	99.7%	99.9%	99.8%	98.7%	100.0%
Physician Assistant	100.00%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%
Podiatry	99.20%	98.9%	99.1%	99.7%	99.7%	94.1%	96.6%	99.9%	100.0%
Rheumatology	88.10%	98.9%	83.2%	80.8%	83.6%	70.5%	89.0%	85.4%	73.5%
Surgeons	99.30%	98.9%	99.1%	100.0%	100.0%	100.0%	99.8%	99.9%	99.8%
Urology	99.10%	98.8%	98.9%	81.8%	85.7%	91.1%	82.6%	87.8%	90.6%
LTC - Standard 2									
Personal Care Service Agencies	100.00%	100.0%	100.0%	100.00%	99.8%	99.8%	100.0%	100.0%	100.0%
Nursing Facilities	99.30%	93.0%	99.3%	99.7%	97.5%	99.1%	99.8%	100.0%	99.8%
General Hospitals	99.20%	98.9%	98.9%	99.7%	99.3%	99.9%	99.8%	99.9%	99.8%
Transportation	100.00%	100.0%	100.0%	87.4%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: MCO Report #55 GeoAccess DY9 Q1

**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.

January 1, 2019 – December 31, 2023

**Grievances:** Consistent with previous reporting, Non-Emergency Medical Transportation (NEMT) grievances is the leading category of grievances in the reporting period. The MCOs are monitoring accessible transportation options as a barrier to member access with transportation vendors and exploring new options. HSD continues to work with MCOs on the concerns and inquiries surrounding the NEMT program, related to unreliable transports and shortage in drivers and vehicles.

**Initiatives:**

HSD has received approval from CMS through a Disaster State Plan Amendment (SPA # 22-0001) to temporarily increase provider reimbursement to NEMT providers by 6.81% 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 transports so that the provider will be reimbursed the additional 6.81%.

***Customer Service Reporting***

During DY9 Q2, BCBS did not meet all the call center metrics for the Member Services and Provider Services call lines.

Member Services: The percentage of voicemails returned by the next business day decreased to 96.3% in May, however the percentage of voicemails increased to 100% in June and is in compliance of the contractual standards.

Provider Services: There was a decrease in percentage of calls answered within 30 seconds from March at 84.6% to April at 83.7%, which is below the contract standard of 85%. The percentage increased in May and June and is in compliance of the contractual standards. The percentage of voicemails returned by the next business day decreased to 95.9% in May, however the percentage of voicemails increased to 100% in June and is in compliance of the contractual standards.

BCBS has committed to HSD that it will improve its performance to meet all call center performance standards going forward. HSD will continue to monitor closely.

PHP met all call center metrics for the reporting period, DY9 Q2.

WSCC met all call center metrics for the reporting period, DY9 Q2.

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

The MCOs shall use the end of CY21 as the baseline for CY22, increasing the number of unique members served with a telemedicine visit by 20% 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 5% of total membership with telemedicine visits, as of November 30th of each year, then they must maintain that same 5% 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.

The MCO Telemedicine DS IPT report is currently undergoing review and revision to make the instruction clear and ensure the baseline is reviewed accurately. Data for DY9 Q1 and Q2 will be reported in the CMS DY9 Q3 Quarterly Monitoring report.

**Table 29: Unduplicated Members Served with Telemedicine**

Total Unduplicated Members Served with Telemedicine	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1
<b>New Behavioral Health Members</b>	<b>13,700</b>	<b>9,963</b>	<b>7,505</b>	<b>TBD</b>
BCBSNM	4,932	3,800	2,793	TBD
PHP	7,150	5,014	3,870	TBD
WSCC	1,618	1,149	842	TBD
<b>New Physical Health Members</b>	<b>33,269</b>	<b>25,757</b>	<b>21,070</b>	<b>TBD</b>
BCBSNM	12,616	9,519	6,993	TBD
PHP	18,541	14,379	12,442	TBD
WSCC	2,112	1,859	1,635	TBD
<b>Total New Unduplicated Members</b>	<b>38,698</b>	<b>29,444</b>	<b>23,364</b>	<b>TBD</b>
BCBSNM	14,331	10,911	7,915	TBD
PHP	21,217	15,999	13,368	TBD
WSCC	3,150	2,534	2,081	TBD
<b>YTD* Unduplicated Members</b>	<b>163,306</b>	<b>188,954</b>	<b>216,420</b>	<b>TBD</b>
BCBSNM	61,121	69,785	80,147	TBD
PHP	89,744	104,593	119,316	TBD
WSCC	12,441	14,576	16,957	TBD

Source: Telemedicine Delivery System Improvement Performance Target (DSIPT) \* January-March 2022 will be reported in DY9 Q3.

# 15

## DEMONSTRATION EVALUATION

### Evaluation Findings and Design Plan

DY9 Q2

The New Mexico Human Services Department (HSD) and Health Services Advisory Group, Inc. (HSAG) continued to meet weekly to finalize data validation and gap analysis on all data extracts. In DY9 Q2, HSD facilitated meetings between HSAG and program Subject Matter Experts (SMEs) to discuss data and finalize methodology for specific metrics.

HSAG reviewed the Medicaid Management Information System (MMIS), Value-Based Purchasing (VBP), Telemedicine, Health Homes, Centennial Rewards, Low-Birth Weight, Financial, and Managed Care Organization (MCO) data to determine appropriate methods for identifying low birth weight deliveries and finalize data query of HSD's systems.

Definitions of terms used in measure specifications to ensure complete and accurate analysis were discussed and finalized. Interim evaluation report results and non-results sections were developed, and Background and Interpretations sections were reviewed and revised along with the Policy Implications and Interactions with Other State Initiatives sections in advance of the interim evaluation report submission.

#### Performance Metrics

HSAG performed data validation and gap analysis on all data extracts and finalized the SAS®1 programming code for the performance measure calculations. Also, HSAG worked on the calculations, statistical modeling, and analysis of performance measures. By the end of DY9 Q2, HSAG has performed calculations for 50 measures.

## Evaluation Findings and Design Plan

DY9 Q2

### Budget Neutrality and Financial Reporting

HSAG continued working on the cost-effectiveness analysis for the interim evaluation report.

### Potential Challenges and Solutions

During the DY9 Q2 reporting period, HSD and HSAG did not encounter any evaluation or technical challenges.

### Activities in Progress

HSAG continued performing and finalizing analyses. In addition, HSAG began drafting the interim evaluation report. HSAG worked to develop and finalize the non-results sections, including the Background, Evaluation Questions and Hypotheses, Methodology, Interpretations, Policy Implications, and Interactions with Other State Initiatives sections as well as the results section of the report. HSAG and HSD collaborated on developing the review process to be used for finalizing the interim evaluation report for submission to the Centers of Medicare & Medicaid Services (CMS).

### COVID-19 Impacts

HSD and HSAG continued discussions on the impacts of the coronavirus disease 2019 (COVID-19) pandemic on the demonstration waiver. In addition, HSAG utilized a range of methodologies in measure analyses to control for COVID-19 impacts on the demonstration results. Specifically, HSAG utilized indicator variables where possible as statistical controls to account for time periods impacted by COVID-19. These were employed primarily in interrupted time series (ITS) analyses.

A difference-in-differences approach used on certain measures with an identifiable comparison group and pre-intervention data (i.e., Health Home measures and measures related to peer support services) can control for the impact of COVID-19 on the intervention group. Assuming COVID-19 impacted both groups equally, the impact of COVID-19 on the intervention group would be removed through the inclusion of the comparison group. More precisely, the changes in the comparison group due to COVID-19 are removed from the changes in the intervention group, thus “netting out” the impact of COVID-19 on the intervention group.

## Evaluation Findings and Design Plan

DY9 Q2

Measures utilizing other types of analytic approaches cannot easily account for the impact of COVID-19 and results are synthesized to caveat potential impacts.

### Preliminary Evaluation Findings

HSAG has completed preliminary analyses for 50 evaluation measures. Overall, preliminary evidence on measures evaluated to-date either support, weakly support, or are consistent with their respective hypotheses, with 24 out of 50 measures supporting, weakly supporting or consistent with their hypothesis, with 8 failing to support the hypothesis and 2 failing to support the hypothesis but trending in the favorable direction. Additionally, 12 out of 50 measures neither supported or failed to support the hypothesis and 4 measures had insufficient data from which to draw a conclusion.

Below are the preliminary conclusions for the 50 measures. These results are preliminary and subject to change upon finalization and may not represent the final results in the Interim Evaluation Report.

Aim One: Continue the use of appropriate services by members to enhance member access to services and quality of care.

- Hypothesis 1: Continuing to expand access to LTSS and maintaining the progress achieved through rebalancing efforts to serve more members in their homes and communities will maintain the number of members accessing community benefit (CB) services
  - *Measure 1 – Number of Centennial Care members enrolled and receiving CB services*  
Preliminary Conclusion: Supports the hypothesis
- Hypothesis 2: Promoting participation in a Health Home will result in increased member engagement with a Health Home and increase access to integrated physical and behavioral health care in the community
  - *Measure 2 — Number/percentage of Centennial Care members enrolled in a Health Home*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 3 - Number/Percentage of Health Home members with at least 1 claim for PH service in the calendar year*  
Preliminary Conclusion: Supports the hypothesis
- Hypothesis 3: Enhanced care coordination supports integrated care interventions, which lead to higher levels of access to preventative/ambulatory health services
  - *Measure 4a - Adults' access to preventative/ambulatory health services (AAP)*  
Preliminary Conclusion: Inconclusive
  - *Measure 5a – Children and Adolescents' access to primary practitioners (CAP)*  
Preliminary Conclusion: Does not support hypothesis
  - *Measure 6 - Well-child visits in the 3rd, 4th, 5th, and 6th years of life (W34)*  
Preliminary Conclusion: Inconclusive
  - *Measure 4b - Adults' access to preventative/ambulatory health services (AAP) – HH population*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 5b - Children and adolescents' access to primary care practitioners (CAP) – HH population*  
Preliminary Conclusion: Supports the hypothesis

- Hypothesis 4: Engagement in a Health Home and care coordination support integrative care interventions, which improve quality of care
  - *Measure 7 - Diabetes screening for members with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD) – HH population*  
Preliminary Conclusion: Inconclusive
  - *Measure 8 - Anti-depressant medication management (AMM) Effective Acute Phase Treatment – HH population*  
Preliminary Conclusion: Inconclusive
  - *Measure 9 - Anti-depressant medication management (AMM) Effective Continuation Phase Treatment – HH population*  
Preliminary Conclusion: Inconclusive
  - *Measure 10 - 7-day follow up after hospitalizations for mental illness (FUH) – HH population*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 11 - 30-day follow up after hospitalizations for mental illness (FUH) – HH population*  
Preliminary Conclusion: Inconclusive
  
- Hypothesis 5: Expanding member access to and incentives for preventative care through the CHV pilot program and CR will encourage members to engage in preventative care services
  - *Measure 12 — Percentage of Centennial Care members participating in Centennial Rewards (CR)*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 13 — Percentage of CR participating members with an annual preventive/ambulatory service*  
Preliminary Conclusion: Inconclusive
  - *Measure 14 — Percent of CR users responding positively on satisfaction survey to question regarding if the program helped to improve their health and make healthy choices*  
Preliminary Conclusion: N/A
  - *Measure 15 – Live births weighing less than 2,500 grams (low birth weight)*  
Preliminary Conclusion: Does not support the hypothesis

Aim Two: Manage the pace at which costs are increasing while sustaining or improving quality, services, and eligibility.

- Hypothesis 1: Incentivizing hospitals to improve health of members and quality of services and increasing the number of providers with VBP contracts will manage costs while sustaining or improving quality

- *Measure 16 – Has the number of providers with VBP contracts increased?*  
Preliminary Conclusion: Supports the hypothesis
- *Measure 17 – Number/percentage of providers meeting quality threshold*  
Preliminary Conclusion: N/A
- *Measure 18 – Has the number of providers participating in VBP arrangements, who meet quality metric targets, increased?*  
Preliminary Conclusion: Supports the hypothesis
- *Measure 19 – Percentage of qualified Domain 1 SNCP Hospital Quality Incentive measures that have maintained or improved their reported performance rates over the previous year*  
Preliminary Conclusion: Inconclusive
- *Measure 20 – Cost per member trend*  
Preliminary Conclusion: TBD
- *Measure 21 – Cost per user trend*  
Preliminary Conclusion: TBD

Aim Three: Streamline processes and modernize the Centennial Care health delivery system through use of data, technology, and person-centered care.

- Hypothesis 1: The Demonstration will relieve administrative burden by implementing a continuous Nursing Facility Level of Care (NFLOC) approval with specific criteria for members whose condition is not expected to change over time.
  - *Measure 22 — Number of continuous NFLOC approvals*  
Preliminary Conclusion: N/A
- Hypothesis 2: The use of technology and continuous quality improvement (CQI) processes align with increased access to services and member satisfaction
  - *Measure 23 — Number of telemedicine providers*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 24 — Number of members with a telemedicine service*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 25 — Member rating of health care*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 26 — Member rating of health plan*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 27 — Member rating of personal doctor*  
Preliminary Conclusion: Inconclusive
- Hypothesis 3: Implementation of electronic visit verification (EVV) is associated with increased accuracy in reporting services rendered.
  - *Measure 28 — Number of claims submitted through EVV*  
Preliminary Conclusion: Supports the hypothesis

- *Measure 29 — Percent of paid or unpaid hours retrieved due to false reporting*

Preliminary Conclusion: N/A

Aim Four: Improved quality of care and outcomes for Medicaid beneficiaries with SUD.

- Hypothesis 1: The demonstration will increase the number of providers that provide SUD screening, which will result in an increase in the number of individuals screened and the percentage of individuals who initiate treatment for alcohol and other drug (AOD) dependence treatment
  - *Measure 30 — Number of providers who provide SUD screening*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 31 — Number of individuals screened for SUD*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 32 – Has the percentage of individuals with SUD who received any SUD related service increased?*  
Preliminary Conclusion: Does not support the hypothesis
  - *Measure 33 – Initiation of AOD Abuse or Dependence Treatment (IET)*  
Preliminary Conclusion: Does not support the hypothesis
- Hypothesis 2: The demonstration will increase peer support services which will result in more individuals engaging in and retained in AOD Dependence Treatment
  - *Measure 34 — Percentage of individuals with a SUD diagnosis who received peer support*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 35 — Engagement of AOD Abuse or Dependence Treatment (IET)*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 36 — Average Length of Stay (ALOS)*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 37 — Continuity of Pharmacotherapy for OUD*  
Preliminary Conclusion: Supports the hypothesis
- Hypothesis 3: The Demonstration will improve access to a comprehensive continuum of SUD care which will result in decreased utilization of ED and inpatient hospitalization and SUD inpatient readmissions
  - *Measure 38 — Continuum of services available*  
Preliminary Conclusion: Inconclusive
  - *Measure 39 — Number of providers and capacity for ambulatory SUD services*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 40 — Percentage of ED visits of individuals with SUD diagnoses*

- Preliminary Conclusion: Inconclusive
  - *Measure 41 — Percentage of Inpatient admissions for SUD related treatment*  
Preliminary Conclusion: Inconclusive
  - *Measure 42 — Percentage of Inpatient admissions of individuals with SUD for withdrawal management*  
Preliminary Conclusion: Does not support the hypothesis
  - *Measure 43 — 7- and 30-day inpatient and residential SUD readmission rates*  
Preliminary Conclusion: Supports the hypothesis
  - *Measure 44 — Total and PMPM cost (medical, behavioral and pharmacy) for members with SUD diagnosis*  
Preliminary Conclusion: N/A
  - *Measure 45 — Total and PMPM cost (medical, behavioral and pharmacy) for members with SUD diagnosis by SUD source of care*  
Preliminary Conclusion: N/A
  - *Measure 46 — Total and PMPM cost for SUD services for members with SUD diagnosis*  
Preliminary Conclusion: N/A
  - *Measure 47 — Total and PMPM cost for SUD services by type of care (IP, OP, RX, etc.)*  
Preliminary Conclusion: N/A
- Hypothesis 4: The Demonstration will Increase the number of individuals with fully delegated care coordination which includes screening for co- morbid conditions, which will result in increased utilization of physical health services.
  - *Measure 48 — Percentage of individuals diagnosed with SUD receiving care coordination*  
Preliminary Conclusion: Does not support the hypothesis
  - *Measure 49 — Percentage of individuals with SUD receiving preventive/ambulatory health services (AAP)*  
Preliminary Conclusion: Supports the hypothesis
- Hypothesis 5: The Demonstration will Increase use of naloxone, MAT and enhanced monitoring and reporting of opioid prescriptions through the prescription monitoring program, which will result in fewer overdose deaths due to opioid use
  - *Measure 50 — Number of naloxone training and kit distributions*  
Preliminary Conclusion: Does not support the hypothesis
  - *Measure 51 — Number of MCO network MAT providers*  
Preliminary Conclusion: Does not support the hypothesis

- *Measure 52 — Percentage of individuals diagnosed with SUD with MAT claims*  
Preliminary Conclusion: Does not support the hypothesis
- *Measure 53 — Number of policy and procedure manual references*  
Preliminary Conclusion: Supports the hypothesis
- *Measure 54 — Rate of deaths due to overdose*  
Preliminary Conclusion: Does not support the hypothesis

# 16

## ENCLOSURES/ATTACHMENTS

Attachment A: April 2020 - March 2022 Statewide Dashboards

Attachment B: Budget Neutrality Monitoring Spreadsheet

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

Attachment D: Customer Service

# 17

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## ADDITIONAL COMMENTS

### MCO INITIATIVES

#### BCBS:

##### **Wal-Mart Value Added Service (VAS)**

In a proactive approach to address food and transportation insecurities throughout New Mexico, BCBS has initiated the Wal-Mart Value Added Service (VAS). The Wal-Mart+ is a yearly subscription BCBS is offering members who are currently engaged in care coordination. For these members, this is a free delivery system in which Wal-Mart will deliver groceries, including fresh produce and other home essential items (clothing, baby items, toiletries, over the counter medications, etc.) directly to members' physical addresses. If a member resides in a rural area not serviced by Wal-Mart's delivery system, Wal-Mart offers free two-day shipping. BCBS Care Coordinators (CC) are front-line staff who work daily with their members, who know them best and understand their Social Determinants of Health (SDoH) needs. CC staff listen to members' stories, thus in addition to encouraging member engagement, CCs can recognize extenuating circumstances, prompting an immediate CC response to address member's SDoH food and transportation needs.

As the delivery service progresses, BCBS will offer additional member outcomes and impact to addressing SDoH needs.

#### PHP:

##### **Support During Fire Evacuations**

- Worked with its Pharmacy Benefit Manager (PBM) to systematically effectuate overrides for the "refill too soon" edit for members in impacted counties;
- Staffed the Glorieta shelter to assist members with medication needs, provider appointments, etc.;
- Care Coordinators maintained communication with the nursing facilities and evacuation sites and tracking the status of these Members;
- Care Coordinators assisted with medications, provider appointments, non-emergency medical transportation (NEMT) and durable medical equipment (DME) needs;
- Care Coordinators outreached to members in Angel Fire to review back up and disaster plans and discuss evacuation needs;
- Worked closely with transportation to ensure members' needs were met to include

- assistance with evacuation; and
- Ensured nursing facilities were on ready-to-evacuate mode.

### **Preventive Screening Program Planned**

PHP is planning a colon cancer screening -- at home kit program for Centennial Care. Kits are planned to be mailed in September. Results are mailed to the member and their PCP on record. The program is an at home kit sent by a contracted vendor. PHP did this in 2020 and 2021 for Medicare and Dual Eligible Special Needs plan members and it proved to be successful. PHP will add a test for about 3,000 Centennial Care members to gauge the response for possible expansion in the future.

This is for members ages 50+ who have a care gap for a colon cancer screening. The preventive screening requirements are age 50-80 years old. This program is only for members located in Dona Ana, Curry and Lea counties, and has been submitted to HSD for review and approval as a Value-Added Service.

### **WSCC:**

#### **Member Satisfaction**

WSCC initiated a process to identify and improve drivers of consumer satisfaction with their health plan. This multi-faceted set of initiatives is intended to create innovative enhancements for Consumer Assessment of Healthcare Providers and Systems (CAHPS) performance by exploring diverse areas in-depth, such as: (1) ensuring members' Social Determinants of Health (SDoH) needs are met (e.g., housing, transportation, and food availability); (2) assessment of appeals and grievances to identify trends; (3) training all staff on responsibility in the member's journey through enrollment to receiving care; (4) monthly CAHPS workgroups to identify key drivers in access and availability, coordination of care, and health disparities to develop innovations and interventions .

#### **Value Based Purchasing:**

Western Sky Value Based Purchasing initiated a Level 2 Shared Saving Long Term Services and Support Avoidable Emergency Department (ED) Admission program that focuses on providers reducing annual ED visits by 5% to earn shared savings incentives. The program consists of one contracted provider group with 23 participating nursing facilities.

#### **Community Care Roadshows**

WSCC has started a best practice of Provider, Community Partner and Legislator Roadshows throughout the state. The purpose is to bring a multidisciplinary team together in an area of the state to meet with providers one on one, or in small groups, to host a reception where all contracted providers are welcome to meet WSCC staff. In that reception, WSCC brings subject matter experts from claims, configuration, utilization management, community relations, and executive leadership. Providers are encouraged

to bring claims/configurations problems and have them addressed on the spot with subject matter experts who have access to the systems to research and remedy provider issues.

The dates and locations of the Q2 roadshows were:

- May 4-5, 2022, in Farmington New Mexico and surrounding areas
- May 23-25, 2022, in Las Cruces, New Mexico, and surrounding areas
- June 22-24, 2022, in Roswell New Mexico

## **MEMBER SUCCESS STORIES**

### **BCBS:**

A 63-year-old female BCBS member was diagnosed with rheumatoid arthritis and traumatic brain injury. At the time of admission, the plan was to be admitted as a long-term resident. When member was seen by a psychiatrist, it was determined she was able to return home if she had a plan with medication management. The care coordinator was able to assist the member with the community reintegration process. Member needed personal care services and the emergency response system. The most important assistance was the medication management. Care coordinator was able to have an electronic pill box ordered through transition goods and was able to link to the member's phone to assist with days and times to make sure the member stayed compliant with her medications. Member has reported to her care coordinator that she is able to be very successful now in the community with the use of her electronic pill box, keeping her on track with all of her medications.

### **PHP:**

A PHP Community Health Worker (CHW) was referred to a member who lives in a rural area of the state. The CHW was able to successfully reach the member and complete his CHW engagement assessment. The member confirmed he was looking for assistance in applying for Social Security Disability Income (SSDI) due to a chronic medical condition and several significant behavioral health conditions that prevent him from maintaining employment. The CHW discussed options available to him. The CHW explained to the member things that were missing that may hinder his success in working with Social Security, such as the need to establish a Primary Care Physician (PCP). The member has behavioral health conditions that he does not appear to be addressing. The member confirmed he had a PCP but stopped going. The CHW explained that not every practitioner is the same and asked that the member consider counseling as a start to manage his conditions. The member felt the CHW was hearing his concerns and accepted a referral for services. By the following day, the member had already done what was asked of him to assist him in the SSDI process. He informed the CHW that he had taken the CHW referral and outreached to a licensed counselor. He also established a

phone appointment with the Social Security Administration (SSA). CHW provided positive feedback to member, congratulating him for completing these steps so quickly and being engaged in his own process towards taking control over his own life. The member responded that he is so grateful for the guidance from the CHW and for all of her help.

### **WSCC:**

A Western Sky Community Care (WSCC) member was referred to the Behavioral Health Disease Management (BH DM) program by her diabetes health coach. Member enrolled in the BH DM program and identified having anxiety, depression, difficulty sleeping, and was stressed about managing her diabetes. The member identified goals of self-care and areas she would like to focus on in the program. BH DM Registered Nurse (RN), provided educational materials on managing diabetes, and assisted member with locating a new PCP and dentist. The member stated this helped to alleviate a lot of stress and anxiety. The member is making significant progress and continues to work with her health coach for ongoing support.

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

### **BCBS:**

#### ***Grants***

- There were no COVID-19 related grants received or issued in Q2.

#### ***Donations***

##### **April 2022**

- BCBS donated 250 grocery totes, 100 tissue and 100 color placemats New Mexico Children, Youth & Families Department Annual Child Abuse Prevention Family Fun Fest, Gallup
- BCBS donated 100 grocery totes and 50 tissue to the Whittier Elementary Spring Fling Resource Fair, Albuquerque
- BCBS donated 60 grocery totes, 30 sunscreens and 60 coloring books to the Rock Springs Chapter Easter Drive-Thru Event, Rock Springs
- BCBS donated 60 grocery totes, 30 tissues and 60 Blue Bear coloring books to the Crownpoint Health Care Facility Public Health Week Resource Fair, Crownpoint
- BCBS donated 80 grocery totes, 50 tissues and 80 coloring books to the Shiprock Youth Complex Youth Easter Egg Hunt & Activities-Parent Involvement Day, Shiprock
- BCBS donated 80 grocery totes, 80 tissues and 80 coloring books to the Naschitti Chapter Easter Event, Naschitti
- BCBS donated 100 grocery totes, 50 sunscreens, 50 tissues and 100 coloring books

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to the 14th Annual Rio Rancho High School Powwow, Rio Rancho

- BCBS donated 100 grocery totes, 100 tissues and 50 lip balms to the Luna County Community Health Fair, Deming
- BCBS donated 100 tissue and 50 lip balms to the Kids Counseling, Inc., Child Abuse Awareness Event, Las Vegas
- BCBS donated 100 grocery totes and 250 coloring books to the Mora Transitional/Resource Fair, Mora
- BCBS donated 150 grocery bags, 50 hand sanitizers and 50 tissue to the Chaves County Health Council Community Resource Fair, Roswell
- BCBS donated 100 grocery totes, 100 placemat color sheets and 50 pens to the 36th Annual Union County Health Fair, Clayton

### **May 2022**

- BCBS donated 30 small blue totes, 30 stress balls and 30 pens to the Pueblo of Santa Ana, Socorro Dental and Blue Cross and Blue Shield Care Van Event provided, Santa Ana Pueblo
- BCBS donated 50 conference totes and 50 lip balms to the Southwestern Indian Polytechnic Institute ACCESS Community Resource Fair, Albuquerque
- BCBS donated 60 conference totes, 60 tissues and 60 coloring books to the Twin Lakes Chapter Spring Fling, Health & Wellness Fair, Twin Lakes
- BCBS donated 250 tissues, 150 grocery totes, 50 fans, 50 hand sanitizers and 100 coloring books to the Celebrating Indigenous Youth: The Intelligence of Art and Play, Albuquerque
- BCBS donated 120 small totes, 50 tissues and 50 pens to the Catron County Teen Health Fair, College & Career Fair, Reserve
- BCBS donated 150 fans to the Alameda Elementary Community School Spring Fling, Las Cruces
- BCBS donated 40 small totes and 40 tissues to the Fiesta Feliz Wellness Fair, Albuquerque
- BCBS donated 100 grocery totes, 50 sunscreens, and 50 lip balms to the Albuquerque Center for Hope and Recovery, Spring into Wellness, Albuquerque
- BCBS donated 100 small totes, 50 tissues and 100 color placemats to the Kennedy Middle School Health & Wellness Fair, Albuquerque

### **June 2022**

- BCBS donated 100 fans, 75 sunscreens and 50 convention totes to the La Vida's 8th Annual Family Expo, Los Lunas
- BCBS donated 150 fans and 75 convention totes Columbus Health Fair, Columbus

- BCBS donated 50 convention totes and 50 lip balms to the Family & Community Wellness Fair, Albuquerque
- BCBS donated 60 tissues, 60 grocery totes and 60 coloring books to the Coyote Canyon Health Fair, Brimhall
- BCBS donated 25 tissues and 25 conference totes to the Preventative Health Awareness Day for Men, Navajo Nation Special Diabetes Program, Torreon
- BCBS donated 70, small conference totes and 70 tissues to the Preventative Health Awareness Day for Men sponsored by the Navajo Nation Special Diabetes Program, Crownpoint
- BCBS donated 100 conference totes, 50 tissues, 50 hand sanitizers and 50 pens to the Albuquerque Native American Housing & Home Fair, Albuquerque
- BCBS donated 50 grocery totes and 50 tissue to the Encino Terrace, Albuquerque
- BCBS donated 100 grocery totes and 100 coloring books to the Kruzin for Kassy's Kause Car Show, Rio Rancho
- BCBS donated 100 grocery totes, 50 tissues and 50 pens to the New Mexico Public Safety Summit, Albuquerque

### ***Events***

#### **HELP New Mexico, Inc., and Blue Cross and Blue Shield Care Van Event, April 23**

The Blue Cross and Blue Shield (BCBS) Care Van® program partnered with the New Mexico Department of Health (NMDOH) to provide COVID-19 vaccines to HELP NM clients and the general community of Truth or Consequences. NMDOH administered two adult booster shots at this event. Southern New Mexico Diabetes Outreach (SNMDO) also provided screenings inside the Care Van. SNMDO administered 16 glucose, cholesterol, oxygen, and blood pressure screenings.

#### **HELP New Mexico, Inc., and Blue Cross and Blue Shield Care Van Event, May 6**

The Blue Cross and Blue Shield (BCBS) Care Van® program partnered with the New Mexico Department of Health (NMDOH) to provide COVID-19 vaccines to HELP NM clients and the general community of Lordsburg. NMDOH administered four adult booster shots at this event. New Mexico Lion's Kid Sight program also provided vision screenings inside the Care Van, they screened nine children and eight adults.

- **Supported the following COVID-19 Vaccination Events across the state and in tribal communities:**
  - Luna County Community Health Fair, Deming. In April, BCBS set up a Medicaid table with COVID-19 information and provided 100 grocery totes, 100 tissues and 50 lip balms.
  - Kids Counseling, Inc., Child Abuse Awareness Event, Las Vegas. In April, BCBS set up a Medicaid table with COVID-19 information and provided 100 tissues and 50 lip balms.

- Mora Transitional/Resource Fair. In April, BCBS set up a Medicaid table with COVID-19 information and provided 250 coloring books and Blue Bear stickers as well as 100 grocery totes.
- Chaves County Health Council Community Resource Fair, Roswell. In April, BCBS set up a Medicaid table and provided 150 grocery bags, 50 hand sanitizers and 50 tissue. The University of New Mexico also provided COVID-19 vaccines for the community.
- 36th Annual Union County Health Fair, Clayton. In April, the Blue Cross and Blue Shield (BCBS) Care Van® program partnered with the New Mexico Lion's Kid Sight program to provide vision screenings for adults and children. The program administered vision screenings for 18 children and 37 adults. BCBS also set up a Medicaid table with COVID-19 information and provided 100 grocery totes, 100 placemat color sheets and 50 pens.
- Whittier Elementary School Spring Resource Fair, Albuquerque. In April, BCBS set up a Medicaid table with COVID-19 information, provided 100 grocery totes, 50 tissues and COVID-19 vaccines were also offered to the community at this event.
- New Mexico Children, Youth & Families Department Annual Child Abuse Prevention Family Fun Fest, Gallup. In April, BCBS set up a Medicaid table with COVID-19 information and provided 250 grocery totes, 100 tissues and 100 placemat color sheets.
- Catron County Teen Health Fair, College & Career Fair, Reserve. In May, BCBS set up a Medicaid table with COVID-19 information and provided 120 small totes, 50 tissues and 50 pens.
- Alameda Elementary Community School Spring Fling, Las Cruces. In May, the Blue Cross and Blue Shield (BCBS) Care Van® program partnered with the New Mexico Lion's Kid Sight program and to provide vision screenings for adults and children and Southern New Mexico Diabetes Outreach (SNMDO) to offer screenings. The program administered vision screenings for 21 children and 12 adults. SNMDO administered 18 glucose, cholesterol, oxygen, and blood pressure screenings. BCBS also set up a Medicaid table and provided 150 fans.
- Fiesta Feliz Wellness Fair, Albuquerque. In May, BCBS set up a Medicaid table with COVID-19 information and provided 40 small totes and 40 tissues. COVID-19 vaccines were also offered to the community at this event.
- Albuquerque Center for Hope and Recovery, Spring Into Wellness. In May, BCBS set up a Medicaid table with COVID-19 information and provided 100 grocery totes, 50 sunscreens and 50 lip balms.
- Kennedy Middle School Health & Wellness Fair, Albuquerque. In May, BCBS set up a Medicaid table and provided 100 small totes, 50 tissues and 100 placemat color sheets. COVID-19 vaccines were also offered to the community at this event.
- La Vida's 8th Annual Family Expo, Los Lunas. In June, BCBS set up a Medicaid table at this event and provided 100 fans, 75 sunscreens and 50 grocery totes.

COVID-19 vaccines, tests and information were offered to the community at this event.

- Columbus Health Fair. In June, BCBS set up a Medicaid table and provided 150 fans and 75 grocery totes. A local Federally Qualified Health Clinic provided COVID-19 vaccines for the community at this event.
- Encino Terrace, Albuquerque. In June, BCBS set up a Medicaid table with COVID-19 information and provided 50 grocery totes and 50 tissue.
- 5th Annual Strides Against Suicide Event, Farmington. In June, BCBS set up a Medicaid table with COVID-19 information and provided 75 grocery totes, 75 coloring books, and 75 lip balms.
- Clovis Juneteenth Freedom Day Celebration. In June, BCBS set up a Medicaid table with COVID-19 information and provided 150 grocery totes, 100 lip balms and 100 hand sanitizers.
- Kruzin for Kassy's Kause Car Show, Rio Rancho. In June, BCBS set up a Medicaid table with COVID-19 information and provided 100 coloring books and 100 grocery totes.
- New Mexico Public Safety Summit, Albuquerque. In June, BCBS set up a Medicaid table with COVID-19 information and provided 100 grocery totes, 50 tissues and 50 pens.
- Family & Community Wellness Fair, Albuquerque. In June, BCBS set up a Medicaid table with COVID-19 information and provided 50 grocery totes and 50 lip balms.
- Health Equity Community Resource Fair, Bloomfield. In June, BCBS set up a Medicaid table with COVID-19 information and provided 100 coloring books, 100 grocery totes and 100 hand sanitizers.
- Rock Springs Chapter Easter Drive-Thru event. In April, BCBS set up a Medicaid table with COVID-19 information and provided 60 grocery totes, 30 sunscreens and 60 coloring books.
- Crownpoint Health Care Facility Public Health Week Resource Fair. In April, BCBS set up a Medicaid table with COVID-19 information and provided 60 grocery totes, 30 tissues and 60 coloring books.
- Shiprock Youth Complex Youth Easter Egg Hunt & Activities-Parent Involvement Day. In April, BCBS set up a Medicaid table with COVID-19 information and provided 80 grocery totes, 50 tissues and 80 coloring books.
- Naschitti Chapter Easter Event. In April, BCBS set up a Medicaid table with COVID-19 information and provided 80 grocery totes, 80 tissues and 80 coloring books.
- 14<sup>th</sup> Annual Rio Rancho High School Powwow. In April, BCBS set up a Medicaid table with COVID-19 information and provided 100 grocery totes, 50 sunscreens, 50 tissues and 100 coloring books.
- Pueblo of Santa Ana, Socorro Dental and Blue Cross and Blue Shield Care Van Event. In May, BCBS set up a Medicaid table with COVID-19 information and provided 30 small blue totes, 30 stress balls and 30 pens. The Blue Cross and Blue Shield (BCBS) Care Van® program partnered with the Socorro Dental to

provide dental screenings for adults. Socorro Dental administered dental screenings for 17 adults.

- Southwestern Indian Polytechnic Institute ACCESS Community Resource Fair, Albuquerque. In May, BCBS set up a Medicaid table with COVID-19 information and provided 50 conference totes and 50 lip balms.
- Twin Lakes Chapter Spring Fling, Health & Wellness Fair. In May, BCBS set up a Medicaid table with COVID-19 information and provided 60 conference totes, 60 tissues and 60 coloring books.
- Celebrating Indigenous Youth: The Intelligence of Art and Play, Albuquerque. In May, BCBS set up a Medicaid table with COVID-19 information and provided 250 tissues, 150 grocery totes, 50 fans, 50 hand sanitizers and 100 coloring books.
- Coyote Canyon Health Fair. In June, BCBS set up a Medicaid table with COVID-19 information and provided 60 tissues, 60 grocery totes and 60 coloring books.
- Preventative Health Awareness Day for Men, Navajo Nation Special Diabetes Program, Torreon. In June, BCBS set up a Medicaid table with COVID-19 information and provided 25 tissues and 25 conference totes.
- Preventative Health Awareness Day for Men, Navajo Nation Special Diabetes Program, Crownpoint. In June, BCBS set up a Medicaid table with COVID-19 information and provided 70 small conference totes and 70 tissues.
- Albuquerque Native American Housing & Home Fair. In June, BCBS set up a Medicaid table with COVID-19 information and provided 100 conference totes, 50 tissues, 50 hand sanitizers and 50 pens.

## **PHP:**

### ***Supporting Members***

- Presbyterian Health Plan (PHP) continues to offer the Meals on Wheels delivery program for COVID-19 positive members with food insecurity. PHP has coordinated a total of 12,178 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 and heat maps are updated weekly to ensure PHP can view areas of focus.
- The PHP 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-19 vaccination sites and plan benefits were shared. Some of PHP's statewide partners include numerous Native American Chapter Houses, pueblo administration centers, Joy Junction, Albuquerque Indian Center, NM Primary Care Association, First Nations, Be Well NM, community centers, health and wellness centers, and multiple homeless shelters.
- Provided support to members by assisting with scheduling for a COVID-19 test

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prior to a scheduled procedure or for general testing needs, via the In-patient Services testing line.

- Care Coordinators continue to promote boosters with appropriate members meeting criteria, educating them on the benefits of the vaccine and assisting in directing them to vaccination resources.
- Published articles promoting COVID-19 vaccine including specific promotion for kids in quarterly newsletter.
- 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.
- PHP 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.
- PHP continues to educate Care Coordination staff to inquire about COVID-19 vaccine status as part of all routine touchpoints to ensure ongoing member education concerning COVID-19 vaccines, boosters and available resources.
- PHP’s analytics department continues to update COVID-19 data tracking as changes occur related to vaccines. PHP has updated CPT codes to capture boosters for members aged 5-11 and have plans to update their data capture process to include boosters for younger age groups.
- Conducted outreach to all members who had been previously identified as homebound and eligible for COVID-19 vaccines. Answered questions, provided information and educated homebound members concerning access to COVID-19 vaccine. PHP continues to track homebound members to ensure members who wish to obtain COVID-19 vaccines have access to them.
- Community Health workers have coordinated with food pantries to provide emergency food boxes to members who are in immediate need of food and who are COVID-19 positive.

### ***Peer Support COVID-19 Efforts***

- PHP Certified Peer Supports continue to work 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 also refer to other programs for rent and utility help like the City of Albuquerque’s Health and Social Service Centers, St Vincent de Paul, ECHO in Farmington, Community Action Agencies in Midwest, Southern, Southeast, and Eastern Plains New Mexico and many other agencies throughout the state.
- PHP Housing Manager attends the New Mexico Coalition to End Homelessness (NMCEH) and DOH meetings, which is now meeting bi-weekly, to identify housing options across the state to prevent the spread of COVID-19 within the homeless population known to have been exposed to COVID-19. They assisted in providing personal protective equipment and cleaning supplies to homeless and domestic violence shelters, funded hotel stays for COVID-19 positive and vulnerable

populations in rural NM, and worked with cities across the state to open wellness hotels and find alternative shelter when the existing shelters were closed.

### ***Supporting Native Americans***

- Provided guidance for COVID-19 testing and resources during the Q1 Native American Consumer Advisory Board.
- Participated in the NIHB discussion on “Disparities of COVID-19 Transmission Among AI/AN Populations”.
- Provided ongoing guidance and support for tribal leaders for on-site COVID-19 testing.
- Offered on-line opportunities to educate members of available services and benefits.
- Facilitated communications for specific complex cases. Engaged with pueblo and Indian Health Services resources on guidance in returning critical care member to a community that is experiencing large COVID-19 surge and lack of medical providers.
- Updated the tribal liaison team on the Presbyterian Mobile Testing Unit locations. Schedule allowed for referrals when mobile unit is in tribal communities.

### ***Supporting Providers***

- Continue to send monthly lists to PCPs of their paneled members who have not received the COVID-19 vaccine.
- Created reports that identified PCP’s 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. Assisted with billing inquiries.

### **WSCC:**

- WSCC has been collaborating with the other MCOs and community partners to make COVID-19 vaccination a part of childhood immunization events and outreach.
- WSCC partnered with the community of Bernalillo County for a vaccination event/health fair, those who received COVID-19 vaccination received food bags. There were 60 people who received their vaccination on May 14<sup>th</sup>.
- WSCC partnered with Amador Health Center for Shots for Shoes event, 23 adults- and 7 children participated in Dona Ana on May 18<sup>th</sup>.
- Shoes for shots events in Lea County on May 20<sup>th</sup>. There were no attendees.
- WSCC conducted three outreach calls in June to community members in Las Cruces to discuss back to school events and childhood immunization clinics.