HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Nancy Smith-Leslie, Director

September 6, 2018

To Interested Parties:

In accordance with the New Mexico Human Services Department (HSD), this letter is to inform you that HSD, through the Medical Assistance Division (MAD), is accepting written comments beginning September 10, 2018 through October 10, 2018, regarding proposed revisions to the Managed Care Policy Manual. The following sections are being revised to include changes related to the Centennial Care 1115 Demonstration Waiver renewal that is anticipated to be effective on January 1, 2019.

1) Section 02 Provider Network

   HSD added instructions and clarification relative to provider enrollment and reporting of providers on claims to ensure compliance with federal requirements. Managed Care Organizations (MCOs) will be required to send to HSD/MAD a monthly list of network providers including subcontractors.

2) Section 03 Member Education

   HSD made the following changes: Member Education Prior Approval Process – deleted first four (4) paragraphs as they are duplicative of section 11 Marketing; added clarification to the Member Handbook regarding fair hearings; added information about circumstances when a Member may be billed for services or assessed charges/fees; added clarification to Provider Directories to be inclusive of all providers in all regions, as well as required phone numbers for crisis lines; clarified that the member identification card must include the Medicaid ID number (not the ASPEN ID ##).

3) Section 04 Care Coordination

   HSD added new care coordination delegation language for Managed Care Organizations (MCOs) as well as a requirement to employ or contract with Native American care coordinators, if requested by the Member.

4) Section 05 Transitions of Care

HSD added transition of care requirements for the MCOs to include an assessment within three days after a transition to home and/or community from an inpatient hospital or nursing facility stay and monthly follow-ups for three months to ensure continuity of care.

5) Section 06 Nursing Facility Level of Care

HSD added language: clarified the Pre-Admission Screening and Resident Review (PASRR) process; clarified late bed days for Nursing Facilities (NFs); clarified denial of requests for prior approval of NF services, retroactive Medicaid eligibility, and current and retrospective reviews. In addition, requirements were added regarding audits of Nursing Facility Level of Care (NFLOC) Determinations by the MCOs and external entities.

6) Section 07 Community Benefit

HSD added information regarding the allowance of a continuous NF LOC status for certain Community Benefit members.

7) Section 08 Agency-Based Community Benefit

HSD made the following changes: added the definition of Electronic Verification (EVV); clarified requirements for EVV for personal care services (PSC); updated definition of primary caregiver; clarified that the Community Transition Service deposits to Assisted Living Facilities (ALFs) are limited to $500; added nutritional counseling as a covered service; increased the annual limit for Community Benefit respite from 100 to 300 hours; and added PCS consumer directed model procedure code definitions.

8) Section 09 Self-Directed Community Benefit

HSD made the following changes: added the definition of EVV; clarified the requirements for EVV for self-directed personal care services (SDPCS); added online timesheet exception information; renamed the Homemaker service as Self Directed Personal Care Service (SDPCS); increased the annual limit for Community Benefit respite from 100 to 300 hours; added annual limits for Related Goods of $2,000, Specialized Therapies of $2,000, and Non-Medical Transportation of $1,000 (Note: These limits apply to members who enter the SDCB on or after January 1, 2019). Additionally, a new service was added for start-up goods with a one-time limit of up to $2,000 for new members switching to the SDCB model. For Non-Medical Transportation billing: billing by time and by trip will no longer be allowed; however, members may continue to pay their providers by the mile, or may purchase a carrier pass (i.e., bus pass).

9) Section 11 Marketing

HSD clarified that MCOs submit an electronic copy of the final marketing submission approved by HSD.

10) Section 12 Patient Centered Initiatives

HSD removed Health Homes language from this section because HSD has a separate Health Home policy manual (CareLink NM).

11) Section 14 School Based Health Centers

HSD revised the School-Based Health Centers (SBHCs) section of the policy manual. The revisions include reorganization, clarification and addition of processes, roles, and responsibilities related to SBHCs.

12) Section 16 Fair Hearings

To align with federal policy, HSD added language regarding timeframes for filing a grievance; filing an appeal; and for requesting a HSD administrative hearing. A member of a MCO now has 60 days from the Notice of Action to file for an expedited appeal (previously it was 30 days); and 60 days to file for a standard appeal (previously it was 90 days.) A member of a MCO now has 90 days after the MCO final appeal decision to request a standard HSD administrative hearing if they are not happy with the outcome of a managed care appeal. Previously, the member had 30 days in which to make such a request. In addition, members no longer have a time limit on when they may file a grievance with the managed care organization.

13) Section 17 Managed Care Reporting

HSD made minor revisions to the General Requirements, MCO Reporting and Intake, and System Availability Reporting sections. It also removed all reports that have been eliminated from Attachment 1.A: Centennial Care MCO Reports.

14) Section 18 Quality

HSD added language to include requirements for prenatal/postpartum care and adult obesity performance improvement projects as well as added Provider Satisfaction Survey and Critical Incident Reporting language.

15) Section 19 Program Integrity

HSD added a new section to the policy manual to provide the MCOs with additional guidance.

16) Section 20 Pharmacy

HSD added this new section to the policy manual to include direction and expectation on the implementation of the MCOs' pharmacy benefit. Items covered in the pharmacy section include: Preferred Drug List and Formulary Requirements; Treatment Guidance for Chronic Hepatitis C Virus (HCV) Infection; Community Pharmacy Reimbursement; MCO Participation in the Drug Utilization Review (DUR) Board; Submission of a DUR Annual Report; MCO requirements regarding the Drug Rebate Analysis and Management System (DRAMS); drug rebate dispute resolution; and MCO Compliance with the Pharmacy Benefit Manager Regulation Act.

Public Comments –
The public may view the proposed Managed Care Policy Manual revisions on the Human Services Department webpage at:

http://www.hsd.state.nm.us/public-notices-proposed-rule-and-waiver-changes-and-opportunities-to-comment.aspx

Important Dates

- **Comments must be submitted by 5:00 p.m. Mountain Daylight Time (MDT) on October 10, 2018.** Recorded comments may be left at (505) 827-1337. Interested persons may also submit comments via electronic mail to: madrules@state.nm.us. Interested persons may also submit written comments to HSD/MAD, PO Box 2348, Santa Fe, NM 87504.

- Comments and responses will be compiled and made available upon request by January 1, 2019. After considering the comments received and making changes deemed necessary, the final version of the Managed Care Policy Manual will also be available and effective **January 1, 2019** on the HSD website:

  http://www.hsd.state.nm.us/LookingForInformation/managed-care-policy-manual.aspx.

Sincerely,

Nancy Smith-Leslie, Director
Medical Assistance Division

cc: Angela Medrano, Deputy Director, HSD/MAD