CENTENNIAL CARE 2.0 DEMONSTRATION

Section 1115 Quarterly Report Demonstration
Demonstration Year: 1(1/1/2019 – 12/31/2019)
Federal Fiscal Quarter: 1/2019

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INTRODUCTION

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

In Centennial Care 2.0, the state will continue to advance successful initiatives under Centennial Care while implementing new, targeted initiatives to address specific gaps in care and improve healthcare outcomes for its most vulnerable members. Key initiatives include:

- Improve continuity of coverage, encouraging individuals to obtain health coverage as soon as possible after becoming eligible, increasing utilization of preventive services, and promoting administrative simplification and fiscal sustainability of the Medicaid program;
- Refine care coordination to better meet the needs of high-cost, high-need members, especially during transitions in their setting of care;
- Continue to expand access to long-term services and supports (LTSS) and maintain the progress achieved through rebalancing efforts to serve more members in their homes and communities;
- Improve the integration of behavioral and physical health services, with greater emphasis on other social factors that impact population health;
- Expand payment reform through value-based purchasing (VBP) arrangements to achieve improved quality and better health outcomes;
- Continue the Safety Net Care Pool and time-limited Hospital Quality Improvement Initiative;
- Build upon policies that seek to enhance members' ability to become more active and involved participants in their own health care; and
- Further simplify administrative complexities and implement refinements in program and benefit design.

The Centennial Care 2.0 managed care organizations (MCOs) are:

1. Blue Cross Blue Shield of New Mexico (BCBS),
2. Presbyterian Health Plan (PHP), and
3. Western Sky Community Care (WSCC).

Status of Key Dates:

Topic	Key Date	Status
Substance Use Disorder (SUD) Implementation Plan	Approved by CMS on May 21, 2019	Deliverables dependent on approval.
Evaluation Design	Submitted to CMS on April 30, 2019	Deliverables dependent on approval
Quality Strategy	Submitted to CMS on March 14, 2019	Pending CMS approval

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ENROLLMENT AND BENEFITS INFORMATION

QUARTER 1 MCO ENROLLMENT CHANGES

MANAGED CARE ORGANIZATION (MCO)	12/31/2018 ENROLLMENT	3/31/2019 ENROLLMENT	PERCENT INCREASE/ DECREASE Q1
Blue Cross Blue Shield of New Mexico (BCBS)	158,613	229,123	+ 44%
Presbyterian Health Plan (PHP)	196,235	373,369	+ 90%
Western Sky Community Care (WSCC)	0	58,154	+ 100%

Source: Medicaid Eligibility Reports, Dec. 2018 & Mar. 2019

CENTENNIAL CARE 2.0 MANAGED CARE ENROLLMENT

A special open enrollment period was held from October 1, 2018 through November 30, 2018. Centennial Care enrollees had the option to switch their Managed Care Organization (MCO) to one of the three MCOs contracted to provide Centennial Care services beginning January 1, 2019. Members enrolled with an MCO that provided services both prior to and after January 1, 2019 who did not select a new MCO by November 30, 2018 were reenrolled with the same MCO. Members who were enrolled with an outgoing MCO and did not select a new MCO by November 30, 2018 were auto-assigned to one of the three Centennial Care 2.0 MCOs. Any member who made an active change of MCO or was auto-assigned to a new MCO had until March 31, 2019 to change MCOs. The enrollment numbers above are from the last day members had an opportunity to switch, outside of open enrollment.

CENTENNIAL CARE 1.0 TO CENTENNIAL CARE 2.0 TRANSITION

UnitedHealthcare Community Plan Termination
United Healthcare Care (UHC) was not awarded selection in Centennial Care 2.0 and began the transition process in early 2018. UHC entered an agreement with PHP and agreed to transition all UHC Centennial Care 1.0 membership to PHP after August 31, 2018. UHC submitted a Centennial Care 1.0 Termination Plan to HSD on August 15, 2018 and its Centennial Care 1.0 membership was transferred to PHP on September 1, 2018.

HSD advised UHC regarding its continued contractual obligations for reporting and claims management under the Transition Management Agreement and Transition Management section 7.6.8 of the Managed Care Services Agreement. UHC is current in all transition management requirements and continues to work though claims processing. HSD will continue to work with UHC on its contractual obligations through the remainder of 2019.

Molina Healthcare Plan Termination
Molina Healthcare of New Mexico (MHC) was not awarded selection in Centennial Care 2.0 and began the transition process in early 2018. MHC entered into Transition Management Agreements with HSD and the selected Centennial Care 2.0 MCOs on May 14, 2018. MHC submitted a Centennial Care 1.0 Termination Plan to HSD on March 15, 2018. MHC's Centennial Care 1.0 membership was transferred to the 2.0 Centennial Care MCOs on January 1, 2019.

HSD advised MHC regarding its continued contractual obligations for reporting and claims management under the Transition Management Agreements and Transition Management section 7.6.8 of the Managed Care Services Agreement. MHC is current in all its transition management requirements.

CENTENNIAL CARE 2.0 TRANSITION MONITORING

Throughout the first quarter, HSD staff and leadership monitored key performance indicators, daily and weekly, for early indications of transition challenges or concerns. Overall, data reflected few operational concerns. Data did reveal that BCBS's Guiding Care Platform had at least one concern related to care coordination assessment timeliness reporting. When an assessment is completed on time, but the data from the care coordinator is not uploaded until after the due date, the system recognizes the uploaded date rather than the completion date. As reported in the action plans which follow, BCBS care coordination management has conducted in person training of the Guiding Care Platform in Gallup, Santa Fe, Roswell, Las Cruces and Albuquerque and the care coordination management staff is meeting weekly with reporting staff to improve operational reports to monitor accuracy of care coordination's work. In addition, BCBS implemented an action plan to improve call center performance standards (see Section 9 of this report).

CENTENNIAL REWARDS

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

- Asthma Management – reward for refills of asthma controller medications for children;
- Bipolar – reward for members who refill their medications;
- Bone Density – reward for women age 65 or older who complete a bone density test within the year;
- Dental – reward for annual dental visits;
- Diabetes – reward for members who complete tests and exams to better manage their diabetes;
- Health Risk Assessment (HRA) – reward for members who complete an HRA;
- Pregnancy – reward for prenatal first trimester and postpartum visit; and
- Schizophrenia – reward for medication refill.

Participating Members who complete these activities can earn credits, which can then be redeemed for items in the Centennial Rewards catalog.

New Rewards for 2019:

- Adult PCP Visit
- Well-Child for ages Birth – 15 Month (aka W15)

The Pregnancy reward, rewarding pregnant members for joining the health plan's Prenatal program, has been replaced by the following new reward activities:

- Prenatal First Trimester Visit
- Postpartum Visit

2019 total participating members, reward points and dollars earned detail by activity in DY6 Q1 will be reported on DY6 Q2 Report.

Table 1: Members & Dollars Earned by Condition – All 2019 below represents 2019 only data for Members & Dollars Earned by Condition. Note the Step-Up Challenge is not included as a reward in 2019

Members & Dollars Earned by Condition – All 2019		
Condition Name		
Pregnancy	1	$100
Bone Density	26	$875
Other	743	$26,285
Schizophrenia	1,228	$9,610
Bipolar	1,333	$11,020
Asthma	1,904	$13,820
Diabetes	5,034	$134,300
Dental	26,106	$798,250

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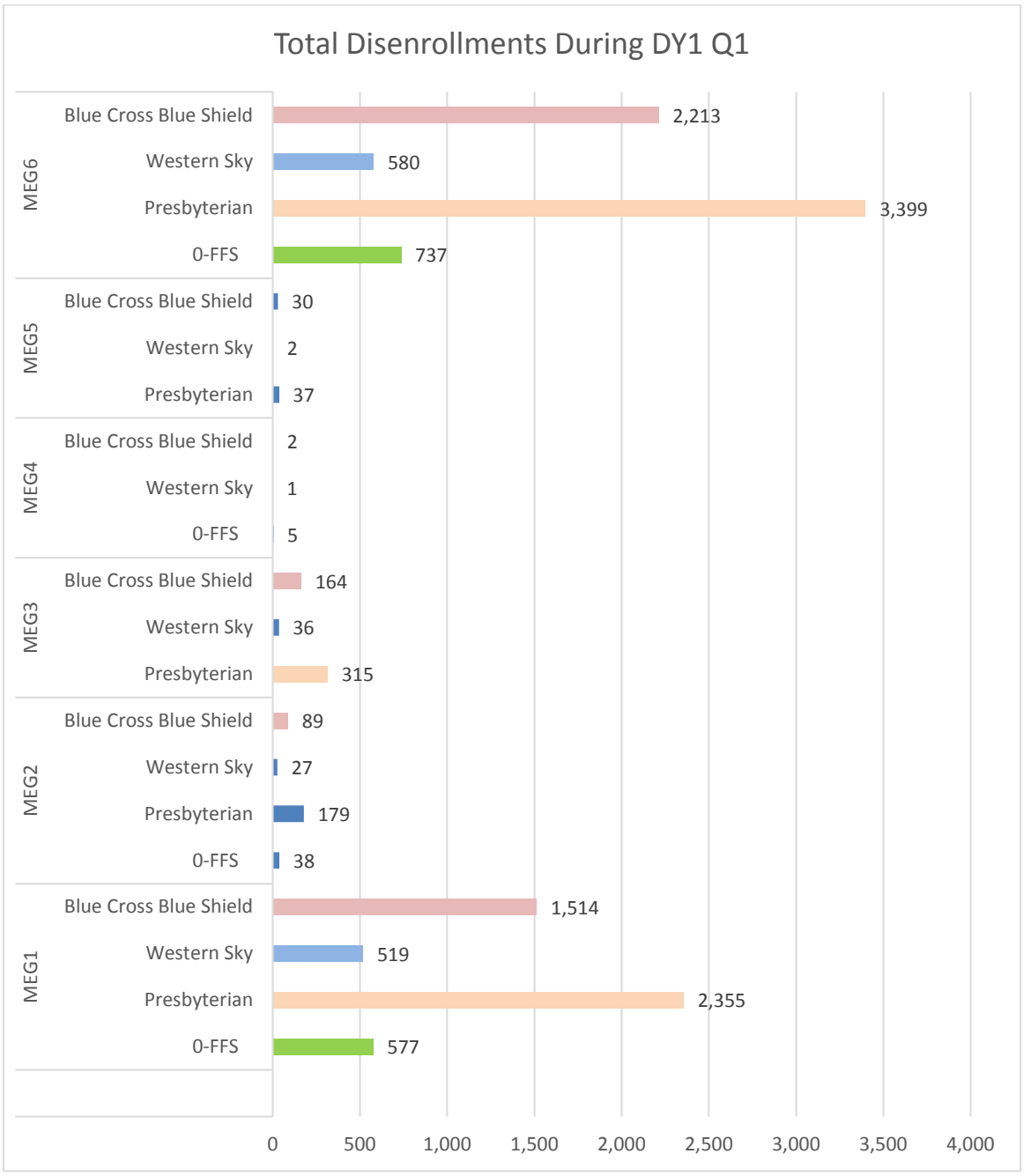
ENROLLMENT COUNTS FOR QUARTER AND YEAR TO DATE

The following table outlines all 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. Also, the majority of disenrollment are attributed to loss of eligibility and death.

Demonstration Population		Total Number Demonstration Participants DY1 Q1 Ending - March 2019	**Current Enrollees (Rolling 12-Month Period)	Total Disenrollments During DY1 Q1
Population MEG1 - TANF and Related	0-FFS	39,317	59,057	577
	Molina	0	134,965	2355
	Presbyterian	179,092	176,205	-
	United Healthcare	0	3,095	-
	Western Sky	32,231	622	519
	Blue Cross Blue Shield	107,793	82,158	1,514
	Summary	**358,433**	456,102	**4,965**
Population MEG2 - SSI and Related - Medicaid Only	0-FFS	2,472	3,756	38
	Molina		12,009	-
	Presbyterian	20,522	18,411	179
	United Healthcare		271	-
	Western Sky	3,633	34	27
	Blue Cross Blue Shield	11,339	7,414	89
	Summary	**37,966**	41,895	**333**
Population MEG3 - SSI and Related - Dual	0-FFS	0	130	-
	Molina	0	7,390	315
	Presbyterian	23,436	22,094	-
	United Healthcare	0	785	-
	Western Sky	2,275	38	36
	Blue Cross Blue Shield	10,374	7,581	164

January I, 2019 – December 31, 2023

	Summary	**36,085**	**38,018**	**515**
Population MEG4 - 217-like Group - Medicaid Only	**0-FFS**	49	**162**	5
	Molina		**53**	-
	Presbyterian	125	**159**	-
	United Healthcare		**2**	-
	Western Sky	15	**0**	1
	Blue Cross Blue Shield	98	**70**	2
	Summary	**287**	**446**	**8**
Population MEG5 - 217-like Group - Dual	**0-FFS**	0	**13**	-
	Molina	0	**839**	-
	Presbyterian	2,323	**2,215**	37
	United Healthcare	0	**107**	-
	Western Sky	197	**0**	2
	Blue Cross Blue Shield	1,583	**981**	30
	Summary	**4,103**	**4,155**	**69**
Population MEG6 - VIII Group (expansion)	**0-FFS**	28,248	**35,779**	737
	Molina	0	**67,090**	-
	Presbyterian	129,038	**104,352**	3,399
	United Healthcare	0	**5,032**	-
	Western Sky	21,327	**566**	580
	Blue Cross Blue Shield	90,741	**68,646**	2,213
	Summary	**269,354**	**281,465**	**6,929**
Summary		**706,228**	**822,081**	**12,819**


Total Disenrollments During DY1 Q1
MEG6
Blue Cross Blue Shield
Western Sky
Presbyterian
0-FFS
2,213
580
3,399
737
MEG5
Blue Cross Blue Shield
Western Sky
Presbyterian
30
2
37
MEG4
Blue Cross Blue Shield
Western Sky
0-FFS
2
1
5
MEG3
Blue Cross Blue Shield
Western Sky
Presbyterian
164
36
315
MEG2
Blue Cross Blue Shield
Western Sky
Presbyterian
0-FFS
89
27
179
38
MEG1
Blue Cross Blue Shield
Western Sky
Presbyterian
0-FFS
1,514
519
2,355
577
0
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1,000
1,500
2,000
2,500
3,000
3,500
4,000

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OUTREACH/INNOVATIVE ACTIVITIES TO ASSURE ACCESS

OUTREACH AND TRAINING

In each reporting quarter of the Demonstration, HSD will report on marketing and outreach activities that were conducted in the current quarter. In DY6 Q1, HSD Outreaching and Training staff participated in the following statewide outreach activities and events:

- Provided Centennial Care 2.0 informational overview to participants of the Aging & Long Term Services Department - CORE Training;

- Participated in the 2019 State Health Information Technology (HIT) Connect Summit in Baltimore Maryland to present information regarding the HSD MAD Justice-involved Utilization of State Transitioned Healthcare (JUST HEALTH) program; and

- Throughout this quarter HSD staff conducted monthly trainings for the Presumptive Eligibility (PE) Program and Presumptive Eligibility Determiners (PED) in the JUST Health Program. HSD also conducted YESNM-PE Demonstration trainings for PEDs. The purpose for these on-going trainings is to increase PED enrollment throughout New Mexico. Trainings take place in person, classroom environment and also via webinar.

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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 timeliness and accuracy of encounter submissions and shares this information with MCOs. HSD extracts encounter data on a quarterly basis to validate and enforce compliance with accuracy.

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 on a monthly basis 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: http:www.hsd.state.nm.us/LookingForInformation/medicad-eligibility.aspx. This report includes enrollment by MCOs and by population.

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OPERATIONAL/POLICY/SYSTEMS/FISCAL DEVELOPMENT/ISSUES

FISCAL ISSUES

During DY6Q1, several mass adjustments were made to correct capitation payments. The recoupments associated with the loss of eligibility and proper payments for long term care cohorts contribute to the change of the PMPM for MEGs 4 and 5.

The Human Services Department (HSD) recently revised up the capitation rates for one of the health plans to account for contracting with the State teaching hospital. The department is also working on rate updates effective on July 1 and October 1, 2019 to account for the various benefit and provider rate changes from the 54th Legislature. These changes will affect the cost and PMPM of DY 6 for all the MEGs.

PATIENT CENTERED MEDICAL HOMES (PCMH)

HSD requires the MCOs to ensure engagement of PCMHs by including PCMH membership as part of a delivery system improvement project.

- For Legacy MCOs, HSD requires a minimum of a five percent (5%) increase of the MCO's members assigned to a PCP who is a provider with a Patient-Centered Medical Home (including both PCMHs that have achieved NCQA accreditation and those that have not). If the MCO achieves a minimum of fifty percent (50%) of membership being served by PCMHs, then the MCO must maintain that same minimum percentage at the end of the calendar year in order to meet this target.
- For non-Legacy MCOs, HSD requires a minimum of ten percent (10%) of the MCO's total membership be assigned to a PCP who is a provider with a Patient-Centered Medical Home (including both PCMHs that have achieved NCQA accreditation and those that have not) by the end of the calendar year.

HSD may impose a penalty if the MCO does not meet the Delivery System Improvement performance targets, however, the MCO may propose that any performance penalty amounts be spent on system improvement activities for provider network development and enhancement activities that will directly benefit members.

Note: Data for DY6 Q1 will be reported in the DY6 Q2 report.

CARE COORDINATION MONITORING ACTIVIES

Care Coordination Audits

In DY6 Q1, HSD initiated four monthly audits to monitor MCO compliance with contract and policy requirements when conducting care coordination activities. HSD is auditing MCO compliance for the correct categorization of members who have been listed as Difficult to Engage, Unreachable or Refused care coordination. HSD is also auditing member files to confirm that members are correctly being referred for a Comprehensive Needs Assessment (CNA) if triggered by a completed Health Risk Assessment (HRA) and whether members are placed in the correct Care Coordination Level (CCL) based on information in the CNA and criteria outlined in the Managed Care Service Agreement. In addition, HSD is auditing Transition of Care files for members transitioning from an in-patient hospital stay back to the community and members transitioning from a Nursing Facility to the community. HSD is confirming that all required elements of the member's Transition of Care plan are being addressed and follow-up appointments, in-home assessments and care coordination contacts are completed timely. HSD has submitted audit findings each month to the MCOs with requests for further information, updates on member issues, and targeted training for staff. HSD conducts monthly care coordination calls with each MCO to follow up with responses, answer questions or provide technical assistance. HSD will report quarterly results for Member Categorization and Transition of Care Audits beginning in DY6 Q2 and will summarize specific recommendations made to the MCOs as well as steps taken by the MCOs to ensure contract compliance. HRA and CCL Audit results for DY6 Q1 are listed below.

HRA AUDIT	DY6Q1	DY6Q2	DY6Q3	DY6Q4
Number of member files audited	**90**			
BCBS	30			
PHP	30			
WSCC	30			
Number of member files correctly referred for a CNA	**87**			
BCBS	29			
PHP	30			
WSCC	28			
%	**97%**			
BCBS	97%			
PHP	100%			
WSCC	93%			

HRA AUDIT	DY6Q1	DY6Q2	DY6Q3	DY6Q4
CCL AUDIT				
Number of member files audited	**90**			
BCBS	30			
PHP	30			
WSCC	30			
Number of member files with correctly assigned CCL	**86**			
BCBS	28			
PHP	29			
WSCC	29			
%	**96%**			
BCBS	93%			
PHP	97%			
WSCC	97%			

Care Coordination Training

In DY6 Q1 HSD conducted a training on Report 6, HSD's quarterly Care Coordination report for member engagement, care coordinator timeliness, and member outcomes. Representatives from all MCOs attended with special emphasis on those MCO staff overseeing care coordinators, compiling care coordination data, and reviewing HSD reports. Training covered Report 6 methodology, HSD's contract and policy requirements, documentation specifics, consistency across MCOs, and details related to member outcomes. HSD answered questions related to contract definitions as they apply to reporting. Participants from all MCOs provided positive feedback to the training and demonstrated consistent understanding of topics covered.

Care Coordination Ride-Alongs

HSD continued to conduct "ride-alongs" with MCO care coordinators in DY6 Q1 to observe member assessments in the home setting. HSD staff conducted ride-alongs with BCBS, WSCC and PHP observing initial and follow-up CNAs. Particular emphasis was paid to the utilization by care coordinators of the Community Benefit Supplemental Questionnaire (CBSQ) and the Community Benefit Member Agreement (CBMA), to ensure the member agrees to accept or decline community benefits. In two "ride-alongs", the member accessed services through the Self Directed Community Benefit (SDCB). The observed care coordinators adhered to, and often went beyond, all contractual obligations in their assessments.

Care Coordination Data Monitoring.
HSD monitored MCO care coordination data weekly throughout DY6 Q1 as HSD transitioned from Centennial Care 1.0 to Centennial Care 2.0. The MCOs provided data on members in care Coordination Levels 2 and 3, members who were categorized as Difficult to Engage, Unreachable or had Refused Care Coordination. HSD held weekly calls with each MCO to discuss the transition of members and provide oversight and guidance for a smooth transition.

CARE COORDINATION MEMBERSHIP CATEGORIZATION DY6 Q1					
	CCL2	CCL3	Unreachable	Difficult to Engage	Refused Care Coordination
BCBS	10,648	845	22,721	9,907	6,158
PHP	22,535	2,429	8,677	1,177	18,272
WSCC	3,253	174	570	246	579
Total	36,436	3,488	31,968	11,330	25,009

BEHAVORIAL HEALTH

In DY6 Q1, access standards continue to be met, statewide, for behavioral health (BH) services with few exceptions and little change in urban, rural and frontier areas through Rural and frontier access standards. Access standards are met with limited exceptions, for the following: Community Mental Health Centers (CMHC), Core Service Agency (CSA), FQHC's with BH services, Intensive Outpatient Services (IOP), Independent BH Practitioners, Outpatient Provider Agencies, Psychiatrists, and Psychologists.

Rural and frontier access standards for Assertive Community Treatment (ACT), Multi-Systemic Therapy (MST), Day Treatment, Non-Accredited Residential Treatment, Treatment Foster Care, Indian Health Services and Tribal 638s providing BH services, Rural Healthcare Clinics providing BH services and hospital services are not met by the majority of MCOs although they are typically contracted with all available providers in these areas. MCOs continue to be contracted with the entire available network for some services such as all approved Inpatient Psychiatric Hospitals and General BH Acute Hospitals in New Mexico although access standards are not met

MCOs continue to work to strengthen their relationships with the existing BH providers in their networks, meeting routinely with them and with the State to enhance efforts and grow providers and workforce. The efforts to increase accessibility through increased opportunities include; expanding the use of telemedicine, maintaining open panels, and expanding reimbursement for extended hours.

MCOs are looking at value-based purchasing agreements to increase access with appointment availability and working to increase utilizing High Fidelity Wrap around services to meet members' needs. MCO Network contracting teams monitor the out of network providers from the single case agreement files to recruit additional practitioners to participate in the Behavioral network. Ongoing assessments by MCOs have continued to also identify recruitment opportunities with out of state border facilities for Inpatient BH services to ensure access. The MCOs utilize additional border resources to provide members with access to services.

SUD IMPLEMENTATION

New Mexico's continuum of SUD services and its implementation plan includes:

- Treatment of co-occurring mental health conditions with a primary diagnosis of SUD;
- A focus on the integration of SUD screening in physical health provider locations;
- The introduction of behavioral health counselors in primary care agencies, and primary care practitioners in behavioral health agencies; and
- Interdisciplinary teaming with the Medicaid beneficiary and his/her natural supports to treat not only the person with the SUD, but also the family or natural support system.

New Mexico's 1115 waiver application supports and focuses its SUD evaluation on the six goals developed by CMS:

1. Increased rates of identification, initiation and engagement in treatment for Opioid Use Disorder (OUD) and other SUDs;
2. Increased adherence to and retention in treatment for OUD and other SUD;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments and inpatient hospital settings for OUD and other SUD treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services;
5. Fewer readmissions to the same or higher level of care where readmission is preventable or medically inappropriate for OUD and other SUD; and
6. Improved access to care for physical health conditions among beneficiaries with OUD or other SUDs.

The implementation plan describes services currently in place, and put forward future objectives to implement new services, i.e. our gaps in service options. It is based upon American Society of Addiction Medicine (ASAM) levels of care for the continuum of care, and is organized by CMS's SUD milestones:

1. Access to critical levels of care for OUD and other SUDs
2. Widespread use of evidence-based, SUD-specific patient placement criteria;
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications;
4. Sufficient provider capacity at each level of care, including Medication Assisted Treatment (MAT);
5. Implementation of comprehensive treatment and prevention strategies to address opioid abuse and OUD; and
6. Improved care coordination and transitions between levels of care.

The New Mexico Human Services Department has initiated new improvements to the Centennial Care 2.0 program with up to $34 million in enhancements, intended to fill Behavioral Health service gaps and expand services to include:

- Individual and Family Peer Support
- After hours, weekends and holiday service
- Assertive Community Treatment
- Comprehensive Community Support Services
- Crisis Treatment Center and Crisis Stabilization
- Intensive Outpatient Services
- Opioid Treatment Program
- Partial Hospitalization expansion/incentives
- Screening, Brief Intervention and Referral to Treatment
- Accredited Residential Treatment Centers

BH INTEGRATION

Promoting Integration of Primary and Behavioral Health Care Grant (PIPBHC)

PIPBHC is a $10,000,000 five-year SAMHSA grant aimed at promoting the integration of primary and behavioral health care for adults with mental illness and/or substance use disorder along with chronic physical health conditions. Grant goals are: increase collaboration between primary care and behavioral health providers to promote fully integrated care; provide integrated care by providing evidence-based screening, assessment and treatment that are culturally and linguistically responsive to improve functioning and quality of life; provide health prevention and promotion services that are often not provided or are inaccessible to individuals with Mental Illness (MI) and/or SUDs; increase workforce capacity of peer support workers and community

health workers to engage service recipients in health promotion activities and care coordination; and work to build an improved and sustainable comprehensive system of integrated care in NM.

Two providers, Hidalgo Medical Services and Guidance Center of Lea County, will provide PIPBHC services in Hidalgo, Grant, and Lea counties. The UNM Health Sciences Center's Community for Behavioral Health Division is tasked with directing the evaluation and developing a fidelity tool for assessment and improvement of evidence-based integrated care practice. A grant steering committee has been established and meets biweekly. During the first six months of the grant, the providers have focused on hiring and training staff, developing procedures for staffing integration, engaging community partners, and initiating outreach. Enrollment began successfully in February. To support broader statewide integration, the grant supports an Advisory Council, with state-level representation from behavioral and primary health, whose aim is to provide guidance and feedback for quality improvement, sustainability and scalability of the grant program.

Health Home

On April 1, 2016 HSD launched the first two Health Homes, CareLink NM (CLNM), with a designated population of adults with serious mental illness (SMI) and children/adolescents with severe emotional disturbance (SED). On April 1, 2018 HSD implemented Health Homes services in eight additional counties with seven providers to address the same target population. The CLNM model in all sites provides for enhanced care coordination and integration of primary, acute, behavioral health, long term care services and social supports.

Goals include: 1) Promoting acute and long-term health; 2) Preventing risk behaviors; 3) Enhancing member engagement and self-efficacy, 4) Improving quality of life for members with SMI and SED; and 5) Reducing avoidable utilization of emergency department, inpatient, and residential services. These goals serve as the foundation for establishing both quality process standards and evaluation criteria for outcomes.

Initial evaluation of the first two Health Homes indicate that CLNM members are a very high need population, as reflected in the data below that compares HH members to non-HH members with SMI/SED diagnoses:

- HH Members are three times more likely to have a diagnosis of schizophrenia (23% compared to 7.5%).
- HH Members are almost five times more likely to have a diagnosis of bipolar and related disorders (47% compared to 10%).

- HH Members are more likely to have a diagnosis of depressive disorders (80% compared to 53%).
- HH members have more comorbid physical health conditions – on average 3.9 such conditions compared to 2.2 for non-HH beneficiaries.
- HH Members are getting more services since Health Homes were implemented in April 2016:
- The number of claims for HH Members averaged 139 compared to 82 in the larger population.
- The average cost of total care for HH Members was $1,636 compared to $726 for non-HH beneficiaries.

CareLink NM - Twelve CLNM providers are now operating throughout New Mexico to coordinate an array of physical and behavioral health services for Medicaid-eligible individuals with SMI and SED. Many of these individuals are also living with complex chronic conditions such as diabetes, high blood pressure, and chronic pulmonary disease, as well as co-occurring substance use disorders. Providers are: UNM Hospital Clinics and NM Solutions in Bernalillo County; Presbyterian Medical Services and Kewa Pueblo Health Corporation in Sandoval County; Mental Health Resources in Curry, Roosevelt, De Baca and Quay counties; Guidance Center of Lea County; and Hidalgo Medical Services in Grant and Hidalgo counties.

CLNM providers are comprised of Federally Qualified Heath Centers, Core Service Agencies, Behavioral Health Agencies, and a Tribal 638 Health Center. Some were already providing both physical and BH services and some have developed agreements with outside providers to form integrated multi-disciplinary teams. HSD is collaborating with CYFD to implement High Intensity Wraparound to serve an anticipated 200 of the most vulnerable children and adolescents with SED, many of whom have been in out-of-state residential treatment centers. Providers implementing Wraparound are the Guidance Center of Lea County and Mental Health Resources in Portales. Because of the complexity of BH challenges in youth recommended for Wraparound, facilitator to youth ratios do not exceed 1:10, and Wraparound facilitators participate in a mandated 18-month training and mentoring process conducted by CYFD Behavioral Health staff.

Supportive Housing

A subcommittee of the Behavioral Health Collaborative's Housing Leadership Group (HLG) worked with the Technical Assistance Collaborative (TAC) to finalize the New Mexico Supportive Housing Plan: 2018-2023. The five-year plan sets ambitious goals and lays out concrete, achievable strategies. The Strategic Plan was presented to and approved by the Behavioral Health Collaborative at the January 2019 meeting. BHSD's Supportive Housing Coordinator has initiated meetings with the most recent meeting in February 2019; all stakeholders are working to execute implementation of the plan.

Objectives of the NM Supportive Housing Plan have been met thus far to include but not limited to the following: Increase the Affordable Housing for Special Needs populations – HUD awarded the NM Mortgage Finance Authority with a 811 Project Rental Assistance grant that supports Special Needs clients of Local Lead Agencies with subsidized supportive housing; and Improve and Expand Housing Support Services – Supportive Housing Curriculum developed for Certified Peer Support Worker (CPSW), with training conducted by The Life Link statewide. HLG is working towards successfully meeting more supportive housing objectives.

HSD continues to work with CMS on a supportive housing benefit in Centennial Care 2.0 for Medicaid eligible individuals enrolled in the Linkages Permanent Supportive Housing program. The benefit will include pre-tenancy and tenancy sustaining supports provided by peers of Linkages service providers. Linkages serves individuals with SMI, who are homeless or precariously housed, extremely low income, and functionally impaired.

COMMUNITY HEALTH WORKERS (CHWS)

Centennial Care 2.0 MCOs will provide 3 percent of total member enrollment with CHWs and Community Health Representatives (CHRs) services, as part of the CHW Delivery SIPT issued by HSD for DY6.

In the transition to Centennial Care 2.0, the MCOs will provide Q1CY6 data on May 15, 2019. HSD will provide a data summary of CHW workforce by MCO and detail of members served including geographic locations by county in the Q2DY6 report. Annual plans submitted to HSD provide current detail on how DSIPT goals will be met for CHWs/CHRs to serve members in rural, frontier and underserved urban areas of New Mexico.

Highlights of the CHW DSIPT development by MCOs include:

- Legacy MCO with CHW DSIPT experience in Centennial Care 1.0 has contracted with the Shiprock Service Agency CHR program, and will evaluate cost savings in DY2019 by measuring outcomes and return on investment for CHW/CHR funding source and report findings to HSD
- CHWs have been key in assisting with the completion of HRA backlogs from 2016-2018 for legacy MCO
- Improved MCO tracking systems for CHW/CHR activities, including Peer Support workers

Workforce development areas for CY19 include:

- Local community college partnerships for CHW students to complete portions of certification internships with MCO CHWs
- MCOs will continue to evolve and develop internal departments with staff to better provide ongoing support to CHWs/CHRs
- MCO Tribal liaisons with knowledge of communities and language provide direct support to CHRs in tribal communities

Most utilized interventions:

- Emergency Department (ED) education & diversion
- HRAs updated, or obtained for individuals not in care coordination
- Social Determinants of Needs Assessments
- Alternative resources to ED provided, such as PCP appointments and urgent care
- Food assistance
- Housing assistance

Key areas of MCO focus for CY2019 will include:

- Care coordination referrals
- Health education
- ED utilization
- Diabetic care

Centennial Home Visiting (CHV) Pilot Program

In collaboration with the New Mexico Children, Youth and Families Department (CYFD), HSD is piloting an evidence-based home visiting project for eligible pregnant women that focuses on pre-natal care, post-partum care and early childhood development. The services as described in the Table 2: Description of Services below will be delivered to eligible pregnant women residing in an HSD-designated counties, including Bernalillo County, Curry County, and Roosevelt County. The Centennial Care MCOs will contract with CYFD-designated agencies that provide either one or both of the following two evidence-based early childhood home visiting delivery models as defined by the US Department of Health and Human Services (DHHS):

1. **Nurse Family Partnership (NFP):** The services to be delivered under the NFP national program standards are for first-time parents only. In Bernalillo County, the program is anticipated to serve a total of 50 families (for all three Centennial Care MCOs combined) by the end of the first year of implementation using one NFP team. The number of families served will be determined based on the number of active NFP teams in any program year. HSD may expand this program to other counties at HSD's discretion, dependent upon provider capacity. The NFP services will be suspended once the child reaches two years of age.

2. **Parents as Teachers (PAT):** The PAT evidence-based program services will adhere to the national model and curriculum and serve a total of 40 families (for all three Centennial Care MCOs combined) in Bernalillo County and 20 families (for all three Centennial Care MCOs combined) in Curry County and Roosevelt County combined. Services will begin during pregnancy and may continue until the child reaches five years of age or enters kindergarten. HSD may expand this program to other counties at HSD's discretion, dependent upon provider capacity. The number of families served in other counties will be determined based on the number of active PAT teams in the program year.

Table 2: Description of Services

Service	Description of Service
Prenatal Home Visits	The CHV Pilot Project will provide the following prenatal home visit services to expectant mothers during their pregnancy: • Monitoring for high blood pressure or other complications of pregnancy (NFP only); • Diet and nutritional education; • Stress management; • Sexually Transmitted Disease (STD) prevention education; • Tobacco use screening and cessation education; • Alcohol use and other substance misuse screening and counseling; • Depression screening; and • Domestic and intimate partner violence screening and education
Postpartum Home Visits	The CHV Pilot Project will provide the following postpartum home visit services to Medicaid eligible mothers during their sixty (60) days of the postpartum period: • Diet and nutritional education; • Stress management; • STD prevention education; • Tobacco use screening and cessation education; • Alcohol use and other substance misuse screening and counseling; • Depression screening; • Domestic and intimate partner violence screening and education; • Breastfeeding support and education (NFP nurses may refer beneficiaries out to a lactation specialist, but the lactation consultant services are not covered as a home-visiting service); • Guidance and education regarding well woman visits to obtain recommended preventive services; • Nursing assessment of the postpartum mother and infant (NFP only); • Maternal-infant safety assessment and education e.g., safe sleep education for Sudden Infant Death Syndrome (SIDS) prevention; • Counseling regarding postpartum recovery, family planning, newborn needs; • Assistance for the family in establishing a primary source of care and a primary care provider (i.e. ensure that the mother/ infant has a postpartum/newborn visit scheduled); • Parenting skills and confidence building.

Infant Home Visits	The CHV Pilot Project will provide the following home visiting services to newborn infants born to CHV Pilot Project beneficiaries until the child reaches two (2) years of age for NFP and five (5) years of age or kindergarten entry for PAT: • Breastfeeding support and education (NFP may refer beneficiaries out to a lactation specialist, but the lactation consultant services are not covered as a home-visiting service); • Child developmental screening at major developmental milestones from birth to age two (2) for NFP, according to model standard practice and age five (5)/kindergarten entry for PAT; and

HSD issued a Letter of Direction (LOD) to the three Centennial Care 2.0 MCOs providing guidance for the CHV pilot program implementation and convened a workgroup with the MCOs, CYFD, University of New Mexico Center for Development and Disability (UNM CDD) and ENMRSH, Inc to work collaboratively on various implementation, operational and reporting issues. During DY6 Q1 the MCOs and UNM CDD, ENMRSH, Inc. focused on executing contracts with each respective provider, designing a unified referral process, and claims testing. HSD will provide an update on the referral and enrollment status in the program in DY6 Q2.

PRESSUMPTIVE ELIGIBILITY PROGRAM

The NM HSD Presumptive Eligibility (PE) program continues to be an important part of the State's outreach 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 NM State Agencies including the NM Department Of Health (DOH), NM Children Youth and Families Department (CYFD) and the NM Corrections Department (NMCD). Currently there are approximately 700 active certified PEDs state-wide, providing PE screening, granting PE approvals and assisting with on-going Medicaid application submissions.

The Medical Assistance Division's Communication and Education Bureau (CEB) 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.

PE approvals, ongoing application submissions and resulting eligibility determinations that occur in a reporting quarter will be reported in the next reporting period. For example, data for DY1Q1 will be reported in DY1Q2. This will ensure eligibility and enrollment data that results from the PE program is accurately reflected for the reporting period.

JUST HEALTH PROGRAM

Certified PEDs employed of 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 allows for an automated data transfer of information regarding the incarceration status of individuals in New Mexico. Individuals who are Medicaid-enrolled have their benefits suspended after 30 days of incarceration. Benefits are reinstated upon the individual's release from incarceration which allows immediate access to care. Individuals who are not Medicaid participants but who appear to meet eligibility requirements are given the opportunity to apply while incarcerated. Application assistance is provided by PEDs at the correctional facilities.

It is HSD's goal to reduce recidivism by ensuring that individuals have immediate access to services (i.e., prescriptions, transportation, Behavioral Health appointments, etc.) upon release. To help facilitate access to care and ensure smooth transitions from detention centers and jails, 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 processes and procedures that can be utilized and adapted to work for all correctional facilities state-wide.

JUST Health PE approvals, ongoing application submissions and eligibility determinations that occur in a reporting quarter will be reported in DY6 Q2 to ensure eligibility and enrollment data resulting from the JUST Health program is accurately reflected for the reporting period.

7
HCBS REPORTING

Critical Incidents	
1st Quarter Activities	HSD/MAD conducted a quarterly meeting with MCOs and external stakeholders to discuss critical incident reports (CIRs) reporting expectations, barriers and challenges. The quarterly meeting also included discussions of developing the annual provider CIR training and additional provider resources related to critical incidents. HSD/MAD provided training to MCOs which included information on CIR reporting requirements and the use of the HSD/MAD Critical Incident Reporting Portal. HSD/MAD conducted daily reviews of critical incidents submitted by MCOs and providers for the purpose of ensuring reports meet reporting requirements, completing necessary follow-up activities, as well as monitoring members' health, safety and welfare. HSD/MAD provided weekly reports of identified critical incident reporting concerns to MCOs for correction and/or follow-up. HSD/MAD provided daily assistance to MCOs and providers to obtain access to the CIR Portal by establishing and/or resetting login credentials as well as deleting duplicate reports.

Consumer Support Program

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

Reporting for the quarter 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 3: ADRC Hotline Call Profiler Report 1/1/19-3/31/19

TOPIC	# of Calls
Home/Community Based Care Waiver Programs	2,881
Long Term Care/Case Management	5
Medicaid Appeals/Complaints	10
Personal Care	242
State Medicaid Managed Care Enrollment Programs	91
Medicaid Information/Counseling	1200

Table 4: ADRC Care Transition Program Report 1/1/19-3/31/19

Counseling Services	# of hrs	# of Nursing Home Residents	# of Contacts
Transition Advocacy Support Services		203	
*Medicaid Education/Outreach	2839		
Nursing Home Intakes		93	
**LTSS Short-Term Assistance			182

*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.

Transition to Centennial Care 2.0

In October 2018, HSD began weekly individual calls with each MCO to monitor and address LTSS issues during the transition to Centennial Care 2.0. These meetings continued through March 2019. Agenda items included:

- Member files being transferred from one MCO to another
- Transition of personal care services authorizations
- Transition of in-progress environmental modifications
- Care Coordination
- Timely completion Nursing Facility Level of Care (NF LOC) determinations
- Implementation of Centennial Care 2.0 changes

These calls were very successful in facilitating open communication between HSD and the MCOs, and addressing any LTSS related issues as they were identified.

Electronic Visit Verification (EVV)

In DY6 Q1, HSD, in partnership with the MCOs, continued to operate EVV for Agency-Based Personal Care Services. All parties are working towards implementation of EVV for the Self-Directed Community Benefit by 2020 to meet the Cures Act requirements.

EVV Data for DY6 Q1 will be provided in the DY6 Q2 report.

Nursing Facility Level Of Care

HSD requires the MCOs to provide a 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 instructions 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. Additionally, HSD requires that the MCOs report to the state quarterly, a monthly breakdown of all the NF LOC determinations/redeterminations that were conducted. This report includes the total number of NF LOC determinations completed, the number of determinations that were completed timely, and the number of assessments completed where the member did not meet LOC based on HSD NF LOC instructions. This information will be submitted each quarter along with the summary of internal audits of NF LOC Determinations beginning in DY6 Q2.

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 reviews all determination denials identified in the EQRO review to ensure that they are appropriate based on NF LOC requirements.

HSD regularly follows up with the MCOs regarding determination disagreements to address any trends, receive clarification on discrepancies in documentation and request updates on the status of member in identified cases. Beginning in DY6 Q2, HSD will report quarterly results for the EQRO NF LOC audit, including a summary of any identified discrepancies, trends, or recommendations made to the MCOs to ensure contract compliance. HSD will continue to monitor the EQRO audit of MCO NF LOC determinations and provide technical assistance as needed.

8
AI/AN REPORTING

MCO	Date of Board Meeting	Issues/Recommendations
PHP	Crownpoint Chapter House Crownpoint, New Mexico March 8, 2019	A member had a question about the former UHC members' referrals to UNMH. UNMH was billing him for the service. PHP checked the claim during the meeting, and PHP paid the claim in full. Member should contact PHP if he continued to get bills. Several members stated that they did know who their Care Coordinator was or that they had not heard from their care coordinator. Those issues were referred to the Ombudsman to address at the meeting.
BCBS	Crownpoint New Mexico February 7, 2019	BCBS staff discussed care coordination to the group. Several questions arose: "How do you get a care coordinator? How do care coordinators speak to non-English speaking members? My caregiver moved away. How do I get a caregiver back?" BCBS responded that a Health Risk Assessment (HRA) needs to be done to determine if you need care coordination. BCBS does have care coordinators that speak languages such as Navajo. Care coordination will follow up with the member that lost their caregiver. BCBS explained how virtual visits are set up. Members had questions about their diabetes medication and how to check their A1C. They were referred to their care coordinator. There were several transportation questions as well. The liaison with Logisticare (BCBS transportation vendor) spoke during the meeting and answered their questions.
WSCC	San Juan Center for Independence Farmington,	WSCC was asked questions about their Traditional Healing Benefit. They explained how to apply for it. The question was asked how to

	New Mexico March 27, 2019	order a new member card. WSCC explained how to order a new card. There were question on how the transportation reimbursement works. WSCC answered the question at the meeting.

Table 5: Status of Contracting with MCOs

MCO	Status
BCBS	BCBS is working on updates for HSD's review.
PHP	PHP is working with several communities to develop partnerships with Community Health Representatives (CHRs). They are also working on improving translation services for inpatient members at PHP facilities.
WSCC	WSCC has contracts in place with Tribal clinics, behavioral health services, Tribal durable medical equipment providers, Tribal transportation and Community Health Representatives (CHRs).

9
ACTION PLANS FOR ADDRESSING ANY ISSUES IDENTIFIED

MCO	ACTION PLAN	ISSUES	RESOLUTION
BCBS	Remediate Care Coordination Audit Findings Implementation Date: 7/19/2016 Completion Date: Open Item	Overall care coordination with focus on improved practice following the record review and the onsite review	In DY5 Q4, the BCBS CNA compliance rate was 95% and the HRA compliance rate was 74%. The BCBS care coordination team is working towards improving compliance with CNA timely completion and HRA timely completion, including for 1915 (c) Waiver members. In Q2 BCBS will be proposing a new scope to more accurately reflect HRAs that were completed in the previous quarter. In Q1, BCBS has revamped work flows, conducted continuous and ongoing staff training, and implemented a manual tracking system. BCBS's Q1 HRA compliance rate is above 90% but will not be adequately reflected in the internal action plan (IAP) given the scope used as previously mentioned. BCBS is creating a dedicated 1915(c) waiver team and will conduct a retraining by 4/30/19.
BCBS	Care Coordination Activities Implementation Date: 12/21/2018 Completion Date: Open Item	This action plan includes the following areas that require improvement: 1. Compliance of Care Coordination Activities (Timeliness and clinical appropriateness) with HRA/CNA/NF LOC	The Oversight Action Plan is monitored weekly to review progress towards closing open items. Several BCBS trainings have been conducted for reporting and care coordination staff. BCBS standard operating policies and procedures have been revised or are in the process of being revised

MCO	ACTION PLAN	ISSUES	RESOLUTION
		2. Staff Training Evaluation/ Effectiveness Plan 3. Reporting 4. Burndown Plan	to reflect updated auditing processes. BCBSBNM Care coordination management has conducted in-person training of the Guiding Care Platform in Gallup, Santa Fe, Roswell, Las Cruces and Albuquerque and the care coordination management staff is meeting weekly with reporting staff to improve operational reports to monitor accuracy of care coordination's work.
BCBS	Customer Service Call Center Performance Standards Implementation Date: 1/10/2019 Completion Date: 3/29/2019	While daily statistics were being monitored for Centennial Care 2.0, HSD raised concerns regarding meeting call standard metrics.	BCBS implemented an internal remediation plan, which included, but was not limited to the following activities: * BCBS received approval from HSD to utilize out-of-state resources during January 2019; * Added additional staff members; * Added mandatory overtime; * Created incentives for Customer Service staff for attendance and to adhered to schedules; * Deployed upgrades to the Blue Access to Member's portal to further create member self-service tools; * Implemented interactive voice response routing capabilities so requests such as PCP changes and ID card requests can be routed to new staff, allowing more complex calls to go to experienced staff. Call handling statistics have improved and BCBS continues to meet mandated call-handling requirements.

MCO	ACTION PLAN	ISSUES	RESOLUTION
PHP	Vision Service Plan (VSP): Claims Improvement Implementation Date: 12/20/2018 Completion Date: 1/30/2019	Annual Audit: Claims Accuracy was 87% which was below the 98% requirement.	VSP was put on a corrective action plan (CAP): the claims processor was coached, performed daily audits, and submitted process for PHP review. The CAP was closed. Follow up onsite claims audit is scheduled for 9/19/2019.
PHP	Vision Service Plan: Appeals & Grievance Improvement Implementation Date: 12/20/2018 Completion Date: 1/30/2019	Audit Score: 87% Several information technology (IT) process documents were not provided to the PHP auditor as required.	Process documents were reviewed and approved. VSP's Improvement Plan included: 1.) Adding a full-time staff member to the Client Audit Team for additional support to complete audits within timeframes; and 2.) Adding a part-time staff member to add additional support for audits. The improvement plan was approved and closed by PHP.
PHP	Vision Service Plan: Utilization Management Audit Area Implementation Date: 12/20/2018 Completion Date: Open Item	Annual Audit, 9/20/18	PHP and VSP disagree on the UM findings resulting from the audit conducted on 9/20/18. Therefore, the UM element received n/a (not applied) for scoring purposes. PHP will keep HSD apprised of its response.
WSCC	Incorrect Fax Number Implementation Date: 2/8/2019 Completion Date: Open Item	An incorrect fax number was printed in the member handbook, welcome brochure, member grievance and appeal letters, UM and Pharmacy denial letters and on the member website.	WSCC has taken the following actions to investigate and mitigate the possible disclosure of personal or protected health information: • WSCC made numerous attempts using multiple avenues to identify the owner of the incorrect fax number. WSCC's communications carrier was able to contact the owner of

MCO	ACTION PLAN	ISSUES	RESOLUTION
			the fax line, however the owner is not willing to communicate with WSCC. WSCC is continuing its efforts to contact the number owner. • WSCC posted a message on its member and provider website to make customers aware of the incorrect fax number. The posts provided the correct fax number. • WSCC initiated an outbound call campaign to notify members of the incorrect fax number. Outbound calls were made to anyone who received a letter with the incorrect fax number or to any member who was mailed a handbook. 600 calls were placed and one of the members who were contacted identified using the incorrect fax number.

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FINANCIAL/BUDGET NEUTRALITY DEVELOPMENT/ISSUES

DY6 Q1 reflects the new capitation rates for Centennial 2.0 that were submitted to the Centers for Medicare and Medicaid on December 28, 2018. The PMPM for DY 6 is lower compared to DY 5 for MEGs 1, 2, 4 and 6; the PMPM for DY 6 is higher than those of DY 5 for MEGs 3 and 5 (see Attachment A – Budget Neutrality Monitoring, Table 3 - PMPM Summary by Demonstration Year and MEG). On Attachment A – Budget Neutrality Monitoring Spreadsheet – Budget Neutrality Limit Analysis shows DY 6 is 18.1% below the budget neutrality limit (Table 6.5) based on one quarters of payments.

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MEMBER MONTH REPORTING

Member Months		2019
		1
MEG1	0-FFS	113,298
	Presbyterian	548,505
	Western Sky	95,968
	Blue Cross Blue Shield	317,403
	Total	**1,075,174**
MEG2	0-FFS	7,382
	Presbyterian	62,359
	Western Sky	10,703
	Blue Cross Blue Shield	33,141
	Total	**113,585**
MEG3	Presbyterian	69,368
	Western Sky	6,593
	Blue Cross Blue Shield	30,013
	Total	**105,974**
MEG4	0-FFS	196
	Presbyterian	377
	Western Sky	43
	Blue Cross Blue Shield	281
	Total	**897**
MEG5	Presbyterian	6,821
	Western Sky	591
	Blue Cross Blue Shield	4,512
	Total	**11,924**
MEG6	0-FFS	74,123
	Presbyterian	368,482
	Western Sky	59,853
	Blue Cross Blue Shield	254,237
	Total	**756,695**
Total		**2,064,249**

January I, 2019 – December 31, 2023

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CONSUMER ISSUES

Grievances	
Overview of 1st Quarter Activities	HSD/MAD reviewed and analyzed data submitted monthly by the MCOs (Report #37) related to grievance reason codes and timeliness responses standards to ensure that grievances filed by members are addressed timely and appropriately. The results of this review were included in the DY5 Q4 report submitted to CMS. DY6 Q1 data will be available for DY6 Q2 reporting.
Appeals	
Overview of 1st Quarter	HSD/MAD reviewed and analyzed data submitted monthly by the MCOs (Report #37) related to appeal reason codes and timeliness responses standards to ensure that appeals filed by members are addressed timely and appropriately. The results of this review were included in the DY5 Q4 report submitted to CMS. DY6 Q1 data will be available for DY6 Q2 reporting.

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 6: 2019 MCO Advisory Board Meeting Schedules below.

Table 6: 2019 MCO Advisory Board Meeting Schedules

BCBS 2019			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	3/21/2019	12:00 PM	Special Collections Library, Albuquerque, NM
BCBS	6/13/2019	12:00 PM	Adelante Development Center Inc., Albuquerque, NM
BCBS	9/19/2019	12:00 PM	Adelante Development Center Inc., Albuquerque, NM
BCBS	12/12/2019	12:00 PM	South Valley Multi-Purpose Senior Center, Albuquerque, NM
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	2/27/2019	12:00 PM	Frank O'Brien Papen Center, Las Cruces, NM
BCBS	7/11/2019	12:00 PM	Clovis Carver Public Library, Clovis, NM
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
BCBS	2/7/2019	12:00 PM	Navajo Technical University, Crownpoint, NM
BCBS	4/17/2019	12:00 PM	Zuni Wellness Center, Zuni, NM
BCBS	7/25/2019	12:00 PM	Native American Community Academy, Albuquerque, NM
BCBS	10/17/2019	12:00 PM	Shiprock Chapter House, Shiprock, NM

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 (SDCB included in each meeting)

PHP 2019			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	3/8/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	6/7/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	9/6/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	12/6/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	9/6/2019	11:00 AM	La Posta Restaurant, Mesilla NM 88046
PHP	12/6/2019	11:00 AM	La Cueva Restaurant, Taos NM 87581
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	3/8/2019	11:00 AM	Crownpoint Chapter House, Crownpoint NM
PHP	4/26/2019	11:00 AM	Espanola Presbyterian Hospital, Espanola, NM
PHP	8/2/2019	11:00 AM	San Juan College, Farmington NM
PHP	11/8/2019	11:00 AM	Presbyterian Cooper Administrative Center, Albuquerque NM

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	TBD	TBD	TBD

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
PHP	3/12/2019	1:00 PM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	6/11/2019	1:00 PM	Presbyterian Cooper Administrative Center, Albuquerque NM
PHP	9/10/2019	1:00 PM	Presbyterian Cooper Administrative Center, Albuquerque NM

WSCC 2019			
MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	1/23/2019	5:30 PM	Las Cruces Convention Center, Las Cruces, NM
WSCC	4/10/2019	5:30 PM	CNM Workforce Training Center, Albuquerque, NM
WSCC	7/11/2019	5:30 PM	Hobbs Public Library, Hobbs, NM
WSCC	10/9/2019	5:30 PM	Española Public Library, Española, NM
STATEWIDE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	1/23/2019	5:30 PM.	Las Cruces Convention Center, Las Cruces, NM
WSCC	7/11/2019	5:30 PM	Hobbs Public Library, Hobbs, NM
WSCC	10/9/2019	5:30 PM	Española Public Library, Española, NM
NATIVE AMERICAN ADVISORY BOARD MEETING SCHEDULE			
MCO	DATE	TIME	LOCATION
WSCC	1/9/2019	11:00 AM	Gallup Community Service Center, Gallup, NM
WSCC	3/27/2019	5:00 PM	San Juan Community Center, Farmington, NM
WSCC	7/18/2019	1:00 PM	Santa Clara Senior Center, Santa Clara, NM
WSCC	11/15/2019	5:30 PM	Taylor Ranch Community Center, Albuquerque, NM

SDCB SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	6/22/2019	4:30 PM	Munson Senior Center, Las Cruces, NM

BH SUBCOMMITTEE MEMBER ADVISORY BOARD MEETING SCHEDULE			
MCO	**DATE**	**TIME**	**LOCATION**
WSCC	10/9/2019	4:30 PM	Española Public Library, Española, NM

Quality Assurance	
1st Quarter Activities	HSD/MAD reviewed and analyzed contractually required Tracking Measure data submitted by the MCOs on January 31, 2019 for Q4 of CY2018. HSD/MAD compilated findings and recommendations on performance outcomes to be presented and discussed with the MCOs during the Quarterly Quality Meeting scheduled on April 15, 2019. HSD/MAD continued work with the EQRO regarding the format development of the EQRO's CY2017 reviews of MCO compliance, performance improvement projects (PIPs), network adequacy and performance measures (PMs) validation. HSD/MAD continues to have weekly calls with the EQRO to discuss concerns. HSD/MAD continued work with the EQRO regarding the reporting format development of the Annual Technical Report (ATR) in January 2019. The ATR included EQRO activities and preliminary findings of the CY2017 reviews for delivery to CMS by April 30, 2019. HSD/MAD reviewed and approved the EQRO workplans for the CY2019 MCO reviews. HSD/MAD submitted MCO HEDIS results to CMS related to annual FFY18 voluntary reporting of the Adult and Child Core Sets in January 2019.

Utilization

Centennial Care 2.0 key utilization data will be provided in DY6 Q2.

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. DY6 requirements are as follows:

VBP Level	Level 1	Level 2	Level 3
Required Spend	8%	11%	5%
Required Provider Types	• Traditional PH Providers with at least 2 Small Providers • BH Providers • Long-Term Care Providers including Nursing Facilities	• Traditional PH Providers with at least 2 Small Providers • BH Providers • Actively build readiness for Long-Term Care Providers • Actively build readiness for Nursing Facilities	• Traditional PH Providers • Implement a MCO led BH provider level workgroup

14
MANAGED CARE REPORTING REQUIREMENTS

TRANSITIONING HIGH RISK MEMBERS TO CENTENNIAL CARE 2.0 MCOs

Planning began in October 2018 for the transition of high-risk members enrolled in an MCO whose contract was not being renewed to one of the Centennial Care 2.0 MCOs. HSD specified categories of high-risk members, such as Medically Fragile, High Risk Pregnancy, Refugees, Serious Mental Disorders, and Nursing Facility to Community Transition. Protocols were established for direct communication between legacy MCO care coordinators and the Centennial Care 2.0 MCO care coordinators. The discussion was to include a review of the case, and a synopsis of the member's status after the most recent Comprehensive Needs Assessment. Members with complex care coordination needs were included in the care coordination discussion. Through December 2018, HSD facilitated weekly conference calls with all the MCOs to provide direction and discuss common MCO concerns. The 2.0 MCOs continue to provide HSD with detailed weekly reports on the status of member transitions.

COMMUNITY HEALTH SYSTEMS (CHS) AND MCO CONTRACTING

PHP and BCBS have extended negotiations for re-contracting with Community Health Systems (CHS) in the South Central and Southeast areas of the state from March 31, 2019 to April 30, 2019. Providers are predominantly located in Dona Ana, Chaves, Eddy, and Lea counties. The health system includes: four hospitals, two ambulatory surgical centers, and provider groups that include specialists and primary care physicians. HSD is advised of negotiation progress and contracting status by the MCOs weekly, at minimum. WSCC is already contracted with CHS. Contingency transition planning activities have been initiated, should CHS not reach an agreement with either or both MCOs.

GEOGRAPHIC ACCESS

As part of the go-live for Centennial Care 2.0, HSD has monitored MCO contracting status on an ongoing basis. The quarterly geo-access reports were due on April 30, 2019 from each respective MCO and are still being analyzed. HSD has no anecdotal reports of problems with access to care. More information will be available in the next quarterly report to CMS. Reporting will describe the transition to Centennial Care 2.0 and anticipated impacts with the two legacy MCOs, PHP and BCBS, and one new to Centennial Care MCO, WSCC.

Primary Care Provider (PCP)-to-Member Ratios

Centennial Care 2.0 report revisions containing ratio data were recently finalized. The MCOs' PCP-to-member ratio standard for Centennial Care 2.0 remains 1:2000. HSD expects the MCOs to meet this standard and is looking forward to forthcoming reports. MCOs are required to submit reports on May 15, 2019 and therefore ratio analysis will be included in DY6 Q2.

Physical Health and Hospitals

Geographic access performance standards remain the same in DY6 with the requirement that at least 90% of members reside within defined distances to provider types in urban, rural, and frontier geographic areas.

HSD monitored WSCC member access readiness for Centennial Care 2.0 by assessing and tracking provider contracts. Data analysis will be provided in the DY6 Q2 report.

TRANSPORTATION

To facilitate the ease of access, PHP and its transportation vendor Superior Medical Transportation (SMT) completed a trial run of online scheduling for non-emergency medical transportation for member appointments. PHP asked some of its Consumer Advisory Committee members to be part of the pilot program and members responded positively to the enhanced scheduling option. Go-Live for the program was January 1, 2019. Scheduling by telephone remains an available option to members.

TRANSPORTATION COMPLAINTS AND GRIEVANCES

Non-emergency ground transportation continues to constitute the largest member grievance code reported. In DY5 Q4, 399 grievances were received, demonstrating a decrease as compared to 572 in DY5 Q3. An overall trend cannot be established when compared to DY5 Q2 (442) and DY5 Q1 (414). DY6 Q1 data will be available for DY6 Q2 reporting.

TELEMEDICINE DELIVERY SYSTEM IMPROVEMENT PERFORMANCE TARGET

The MCOs will aim to increase unduplicated members using telemedicine for physical health and behavioral health by 20% from the CY2018 baseline of members using telemedicine for the Delivery System Improvement Performance Target (DSIPT) target for DY6.

HSD has revised the telemedicine DSIPT for Centennial Care 2.0 to measure number of unduplicated members served in rural, frontier, and underserved areas of New Mexico for Centennial Care 2.0, instead of counting telemedicine visits, as was done in Centennial Care 1.0.

In the transition to Centennial Care 2.0, the MCOs will provide CY6 Q1 data on May 15, 2019. HSD will provide a data summary of unduplicated members served by telemedicine visits by MCO and detail of members served by MCO, in rural, frontier and underserved urban geographic locations by county, in the upcoming DY6 Q2 report.

Highlights of Telemedicine DSIPT development by MCOs include:

- Legacy MCO plans to expand tele-dermatology and pediatric tele-infectious disease services
- Ongoing discussion of promoting telemedicine use with Pediatric Council
- Telemedicine grants were awarded in CY18 Q3 by legacy MCO for purchase of equipment to expand availability of telemedicine in DY6
- Behavioral Health visits remain highly utilized, representing the highest visit utilization of 63% or more

MCO development increased use of telemedicine in DY6 include:

- Ongoing provider education of billing and coding of telemedicine services
- Ongoing technical assistance to providers; MCOs will continue to evolve and develop
- Partnership with Telehealth Operations Committee to identify opportunities to expand access and capacity

Key MCO goals for DY6:

- Expanding provider education and support
- Expanding access in all geographic areas
- Increasing member education and utilization

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DEMONSTRATION EVALUATION

Evaluation Findings and Design Plan	
1st Quarter Activities	HSD/MAD reviewed the final 1115 evaluation report for Centennial Care 1.0. The report included analytical findings and conclusions assessed by the evaluator on data collected from DY1 through DY4 for the Centennial Care Program. The final report concludes that the States 1115 Demonstration Waiver has met most of the designated goals. The evaluator makes the determination that the results are noteworthy given the significant influx of new members that occurred shortly after Centennial Care was implemented. HSD/MAD established a collaborative workgroup and engaged the assistance of an outside entity for the purpose of developing the evaluation design plan for the 1115 Demonstration Waiver Renewal, Centennial Care 2.0. HSD/MAD attended weekly calls with the contractor and workgroup to develop the hypothesis and research questions as well as the evaluation measures and data sources. HSD/MAD will submit the draft Evaluation Design Plan to CMS on June 29, 2019 as directed by the Special Terms and Conditions.

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ENCLOSURES/ATTACHMENTS

Attachment A: Budget Neutrality Monitoring Spreadsheet

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STATE CONTACTS

HSD State Name and Title	Phone	Email Address	Fax
Nicole Comeaux Director HSD/Medical Assistance	505-827-7703	Nicole.Comeaux@state.nm.us	505-827-3185
Megan Pfeffer Acting, Deputy Director HSD/Medical Assistance	505-827-7722	Megan.Pfeffer@state.nm.us	505-827-3185
Jason Sanchez Deputy Director HSD/Medical Assistance	505-827-6234	JasonS.Sanchez@state.nm.us	505-827-3185
Kari Armijo Deputy Director HSD/Medical Assistance	505-827-1344	Kari.Armijo@state.nm.us	505-827-3185
Linda Gonzales Deputy Director HSD/Medical Assistance	505-827-6222	Linda.Gonzales@state.nm.us	505-827-3185

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ADDITIONAL COMMENTS

MCO INTIATIVES

Alexa ECHO DOT Pilot

In DY6 Q1, BCBS introduced an Alexa Echo Dot pilot as a part of care coordination services for a group of members identified to need additional support in remembering specific health-related tasks. Members are selected based on their assessed need for assistance in remembering to: attend appointments, take medications at certain times of the day and certain days of the week, refilling prescription medications, and checking their blood sugars. The Alexa Echo Dot is programmed with a built-in function on the Alexa app that allows HIPAA compliance programming for custom reminders. Care coordinators will be notified through an app if their members have missed certain reminders. Care coordinators will then contact the member to discuss barriers and assist when needed.

New to New Mexico Providers

The results of the PHP Delivery System Improvement initiative to bring new to New Mexico providers in-state were provided to HSD in February 2019. PHP attracted 43 new providers to New Mexico including many difficult to recruit specialists. These providers contribute to the New Mexico Delivery System as a whole and are not limited to PHP members. In addition, 47 New Mexico primary care providers were trained in a number of dermatological approaches, including but not limited to: identification of lesions, use of the dermatoscope, how to assess clarity of pigmented lesions with the dermatoscope for prognostic purposes and interventions, practice of biopsy procedures, and treatment of common conditions such as acne, psoriasis, eczema and others. The results for these 2018 initiatives, which could not be measured until claims runout in 2019, was a cumulative total of 19,057 patient encounters and 11,520 patients served.

Pay for Performance to Increase Pediatric Appointments

WSCC negotiated a Pay for Performance agreement focusing on pediatric care with a large medical provider group. This provider will use a WSCC partner vendor to reserve appointment times for WSCC members. This will enhance the ability of WSCC care coordinators to arrange timely appointments with Primary Care Physicians (PCP). The WSCC quality team will also provide the vendor with lists of members not receiving care coordination who need PCP visits for preventive services. The vendor will outreach to those members, such as children who are due for Well-Child Visits.

MEMBER SUCCESS STORIES

A member of BCBS is a young mother of three children with thyroid cancer and metastasis in her brain which causes daily seizures. The member's health is declining rapidly, and she is no longer able to navigate the steps to her home. The members care coordinator requested an environmental modification for a ramp installation which was completed within three weeks of her request. The member advised her care coordinator that she was so grateful for her BCBS care coordinator, Centennial Care, and BCBS for the quick response to her needs. The member is now able to leave and re-enter her home safely.

PHP care coordinators went above and beyond to help a homeless member who had agreed to rehabilitation services. Knowing the member's behavioral health diagnoses, the two care coordinators wanted to make sure the member's transition went smoothly. They went to the shelter where he was staying to make sure the member was ready for his 6:00 a.m. transportation pick up. The shelter reported that the member was agitated and hostile the night before, and the police were called. The member was taken to the Emergency Room and discharged three hours later. The care coordinators walked up and down the streets near the shelter. They asked the transportation driver to wait as long as he could. They looked for the member in various locations until about 8:00 a.m. when they received a call from the member's sister. The member was with her, and he still wanted to go to the rehabilitation center. The PHP care coordinators made new arrangements for transportation and the member was transported to the center. Although the rehabilitation center said they would not be able to admit him until the following day, once the member reached his destination, the care coordinators were told he was admitted that day.

A WSCC Member called the Behavioral Health Crisis line on 2/25/19. WSCC staff engaged the member. Although he declined care coordination, a WSCC care coordinator continued to assist the member by providing the names of local psychiatrists, informing him of transportation resources, and ensuring that his food, medication, and support needs were being met. At the present time the member is reported to be in good spirits and has expressed his gratitude to WSCC for its support and offered to complete a survey to demonstrate his appreciation. The care coordinator will follow up with him regarding his appointments, and the member has the care coordinator's contact information should he need further assistance.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- PMPM Analysis

DY 6

Start Date: 01/01/2019

End Date: 12/31/2019

Quarter 1

Start Date:1/1/2019

End Date: 3/31/2019

Table 3 - PMPM Summary by Demonstration Year and MEG

MEG01 TANF & Related	DY 01 Cost Estimates	DY1 YTD - Actuals [2]	DY 02 Cost Estimates	DY2 YTD - Actuals [2]	DY 03 Cost Estimates	DY3 YTD - Actuals [2]	DY 04 Cost Estimates	DY4 YTD - Actuals [2]	DY 05 Cost Estimates	DY5 YTD - Actuals [2]	DY 06 Cost Estimates	DY6 YTD - Actuals [2]
MMs [1]	4,727,584	4,517,149	4,861,847	4,454,290	5,020,343	4,621,656	5,092,636	4,623,475	5,132,359	4,422,198	4,974,487	1,075,174
PMPM	$ 385.80	$ 329.14	$ 400.77	$ 344.31	$ 416.32	$ 335.59	$ 432.47	$ 343.29	$ 449.25	$ 334.02	$ 344.61	$ 309.60
Dollars	$ 1,823,911,159	$ 1,486,761,008	$ 1,948,487,793	$ 1,533,676,361	$ 2,090,074,424	$ 1,551,002,476	$ 2,202,434,150	$ 1,587,209,656	$ 2,305,734,126	$ 1,477,110,678	$ 1,714,233,973	$ 332,875,945

MEG02 SSI & Related - Medicaid Only	DY 01 Cost Estimates	DY1 YTD - Actuals	DY 02 Cost Estimates	DY2 YTD - Actuals [2]	DY 03 Cost Estimates	DY3 YTD - Actuals [2]	DY 04 Cost Estimates	DY4 YTD - Actuals [2]	DY 05 Cost Estimates	DY5 YTD - Actuals [2]	DY 06 Cost Estimates	DY6 YTD - Actuals [2]
MMs [1]	508,700	497,958	513,736	494,529	518,976	493,577	524,737	487,798	530,824	460,232	499,659	113,585
PMPM	$ 1,763.90	$ 1,656.68	$ 1,842.83	$ 1,785.40	$ 1,925.21	$ 1,756.62	$ 2,008.00	$ 1,731.52	$ 2,094.34	$ 1,723.72	$ 1,881.37	$ 1,717.00
Dollars	$ 897,298,062	$ 824,959,005	$ 946,727,393	$ 882,930,360	$ 999,138,707	$ 867,024,959	$ 1,053,669,000	$ 844,630,483	$ 1,111,724,897	$ 793,311,286	$ 940,044,519	$ 195,025,393

MEG03 SSI & Related - Dual Eligible	DY 01 Cost Estimates	DY1 YTD - Actuals	DY 02 Cost Estimates	DY2 YTD - Actuals [2]	DY 03 Cost Estimates	DY3 YTD - Actuals [2]	DY 04 Cost Estimates	DY4 YTD - Actuals [2]	DY 05 Cost Estimates	DY5 YTD - Actuals [2]	DY 06 Cost Estimates	DY6 YTD - Actuals [2]
MMs [1]	373,823	428,025	380,215	435,140	386,831	447,801	393,832	443,071	401,197	431,739	467,635	105,974
PMPM	$ 1,780.77	$ 1,333.20	$ 1,857.34	$ 1,342.71	$ 1,937.21	$ 1,361.19	$ 2,020.51	$ 1,273.61	$ 2,107.39	$ 1,283.69	$ 1,374.39	$ 1,286.48
Dollars	$ 665,692,378	$ 570,643,867	$ 706,189,973	$ 584,268,601	$ 749,372,219	$ 609,543,096	$ 795,742,098	$ 564,297,445	$ 845,479,241	$ 554,220,460	$ 642,711,733	$ 136,333,749

MEG04 "217 Like" Medicaid Only	DY 01 Cost Estimates	DY1 YTD - Actuals	DY 02 Cost Estimates	DY2 YTD - Actuals [2]	DY 03 Cost Estimates	DY3 YTD - Actuals [2]	DY 04 Cost Estimates	DY4 YTD - Actuals [2]	DY 05 Cost Estimates	DY5 YTD - Actuals [2]	DY 06 Cost Estimates	DY6 YTD - Actuals [2]
MMs [1]	5,841	2,799	5,898	2,382	5,959	2,987	6,025	3,797	6,095	3,335	4,087	897
PMPM	$ 4,936.92	$ 2,380.16	$ 5,090.46	$ 2,347.27	$ 5,248.77	$ 2,537.88	$ 5,412.01	$ 3,295.62	$ 5,580.32	$ 3,606.81	$ 5,747.30	$ 3,080.44
Dollars	$ 28,834,295	$ 6,662,076	$ 30,025,379	$ 5,591,208	$ 31,274,952	$ 7,580,640	$ 32,605,551	$ 12,513,467	$ 34,009,571	$ 12,028,697	$ 23,490,632	$ 2,763,152

MEG05 "217 Like" Dual Eligible	DY 01 Cost Estimates	DY1 YTD - Actuals	DY 02 Cost Estimates	DY2 YTD - Actuals [2]	DY 03 Cost Estimates	DY3 YTD - Actuals [2]	DY 04 Cost Estimates	DY4 YTD - Actuals [2]	DY 05 Cost Estimates	DY5 YTD - Actuals [2]	DY 06 Cost Estimates	DY6 YTD - Actuals [2]
MMs [1]	27,935	26,895	28,413	27,063	28,907	31,866	29,430	40,409	29,981	47,407	43,493	11,924
PMPM	$ 1,776.90	$ 3,226.87	$ 1,853.31	$ 3,143.68	$ 1,933.00	$ 2,884.00	$ 2,016.12	$ 2,789.98	$ 2,102.81	$ 2,830.60	$ 3,661.18	$ 2,893.76
Dollars	$ 49,637,569	$ 86,786,741	$ 52,657,285	$ 85,077,407	$ 55,877,183	$ 91,901,521	$ 59,334,769	$ 112,740,295	$ 63,043,435	$ 134,190,262	$ 159,236,444	$ 34,505,232

MEG06 VIII Group - Medicaid Expansion	DY 01 Cost Estimates	DY1 YTD - Actuals	DY 02 Cost Estimates	DY2 YTD - Actuals [2]	DY 03 Cost Estimates	DY3 YTD - Actuals [2]	DY 04 Cost Estimates	DY4 YTD - Actuals [2]	DY 05 Cost Estimates	DY5 YTD - Actuals [2]	DY 06 Cost Estimates	DY6 YTD - Actuals [2]
MMs [1]	1,632,968	1,887,728	1,788,895	2,748,632	1,800,808	3,078,074	1,763,748	3,143,890	1,773,299	3,018,580	3,299,404	756,695
PMPM	$ 577.87	$ 453.48	$ 607.34	$ 476.41	$ 638.31	$ 442.83	$ 670.87	$ 450.89	$ 705.08	$ 483.26	$ 738.22	$ 470.26
Dollars	$ 943,638,928	$ 856,040,269	$ 1,086,464,733	$ 1,309,470,613	$ 1,149,478,718	$ 1,363,072,290	$ 1,183,239,734	$ 1,417,553,643	$ 1,250,319,546	$ 1,458,756,082	$ 2,435,685,299	$ 355,844,644

MEG08 Uncompensated Care Pool	DY 01 Cost Estimates	DY1 YTD - Actuals	DY 02 Cost Estimates	DY2 YTD - Actuals	DY 03 Cost Estimates	DY3 YTD - Actuals [2]	DY 04 Cost Estimates	DY4 YTD - Actuals [2]	DY 05 Cost Estimates	DY5 YTD - Actuals [2]	DY 06 Cost Estimates	DY6 YTD - Actuals [2]
Total Allotment	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 67,294,973	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ 68,889,324	$ 68,889,323	$ 68,889,323	$ 68,889,323	$ -

MEG09 Hospital Quality Improvement Incentive Pool	DY 01 Cost Estimates	DY1 YTD - Actuals	DY 02 Cost Estimates	DY2 YTD - Actuals	DY 03 Cost Estimates	DY3 YTD - Actuals [2]	DY 04 Cost Estimates	DY4 YTD - Actuals [2]	DY 05 Cost Estimates	DY5 YTD - Actuals [2]	DY 06 Cost Estimates	DY6 YTD - Actuals [2]
Total Allotment	$ -	$ -	$ 2,824,462	$ 2,824,462	$ 5,764,727	$ 7,359,077	$ 8,825,544	$ 8,825,541	$ 12,011,853	$ 12,011,853	$ 12,000,000	$ -

Notes:

1.) Actual member months for Demonstration Year 4 include the reported member months for this Centennial Care Quarterly Report, Section XIV and Section IX.

2.) Expenditures as reported on the CMS-64 Schedule C, FFY2019 Quarter 2. Report pulled on 5/06/2019.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 1

Start Date: 01/01/2014

End Date: 12/31/2014

Table 1.1: Budget Neutrality Limit DY 1 (Special Terms and Conditions (STC) 106)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 385.80	4,517,149	$ 1,742,724,978	70.77%	$ 1,233,316,823	$ 1,486,761,008	$ 1,070,403,042
MEG02 - SSI & Related - Medicaid Only	$ 1,763.90	497,958	$ 878,350,269	70.77%	$ 621,603,625	$ 824,959,005	$ 574,925,356
MEG03 - SSI & Related - Dual Eligible	$ 1,780.77	428,025	$ 762,214,336	70.77%	$ 539,414,868	$ 570,643,867	$ 395,585,750
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	70.77%	$ 48,752,593	$ 68,889,323	$ 47,671,412
MEG09 HQII	NA	NA	$ -	70.77%	$ -	$ -	$ -
Grand Total			**$ 3,452,178,905**		**$ 2,443,087,908**	**$ 2,951,253,203**	**$ 2,088,585,560**

Table 1.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 4,936.92	2,799	$ 13,818,444	69.31%	$ 9,577,968	$ 6,662,076	$ 4,617,664
MEG 05 - "217 Like" Dual Eligible	$ 1,776.90	26,895	$ 47,789,749	69.31%	$ 33,124,475	$ 86,786,741	$ 60,154,448
Grand Total			**$ 61,608,193**		**$ 42,702,443**	**$ 93,448,817**	**$ 64,772,112**

Table 1.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 1 - PMPM	DY 1 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 1 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 577.87	1,887,728	$ 1,090,856,222	100.00%	$ 1,090,824,523	$ 856,040,269	$ 856,015,394
Grand Total			**$ 1,090,856,222**		**$ 1,090,824,523**	**$ 856,040,269**	**$ 856,015,394**

Table 1.4: DY 1 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,443,087,908**
Federal Share (Title XIX) Actual Reported	$ 2,088,585,560
Excess Spending - Test 1	$ 22,069,669
Excess Spending - Test 2	$ -
Total Actuals	$ 2,110,655,229
Difference (Actuals - Limit)	$ (332,432,679)
Percentage Difference	-13.6%

Notes:

1.) Member months as of November 3, 2015.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY19 Quarter 2 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY19 Quarter 2. Report pulled on 5/6/19.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 2

Start Date: 01/01/2015

End Date: 12/31/2015

Table 2.1: Budget Neutrality Limit DY 2 (Special Terms and Conditions (STC) 106)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 400.77	4,454,290	$ 1,785,150,637	71.40%	$ 1,274,541,448	$ 1,533,676,361	$ 1,116,180,307
MEG02 - SSI & Related - Medicaid Only	$ 1,842.83	494,529	$ 911,332,877	71.40%	$ 650,663,031	$ 882,930,360	$ 619,373,502
MEG03 - SSI & Related - Dual Eligible	$ 1,857.34	435,140	$ 808,202,928	71.40%	$ 577,031,488	$ 584,268,601	$ 408,063,261
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	71.40%	$ 49,184,811	$ 67,294,973	$ 46,989,091
MEG09 HQII	NA	NA	$ 2,824,462	71.40%	$ 2,016,577	$ 2,824,462	$ 1,987,574
Grand Total			**$ 3,576,400,227**		**$ 2,553,437,356**	**$ 3,070,994,757**	**$ 2,192,593,735**

Table 2.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,090.46	2,382	$ 12,125,476	69.84%	$ 8,468,468	$ 5,591,208	$ 3,906,915
MEG 05 - "217 Like" Dual Eligible	$ 1,853.31	27,063	$ 50,156,129	69.84%	$ 35,029,186	$ 85,077,407	$ 59,416,310
Grand Total			**$ 62,281,604**		**$ 43,497,654**	**$ 90,668,615**	**$ 63,323,225**

Table 2.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 2 - PMPM	DY 2 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 2 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 607.34	2,748,632	$ 1,669,354,159	100.00%	$ 1,669,279,020	$ 1,309,470,613	$ 1,309,411,673
Grand Total			**$ 1,669,354,159**		**$ 1,669,279,020**	**$ 1,309,470,613**	**$ 1,309,411,673**

Table 2.4: DY 2 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,553,437,356**
Federal Share (Title XIX) Actual Reported	$ 2,192,593,735
Excess Spending - Test 1	$ 19,825,571
Excess Spending - Test 2	$ -
Total Actuals	$ 2,212,419,306
Difference (Actuals - Limit)	$ (341,018,049)
Percentage Difference	-13.4%

Notes:

1.) Member months as of November 10, 2016.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY19 Quarter 2 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY19 Quarter 2. Report pulled on 5/6/19.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 3

Start Date: 01/01/2016

End Date: 12/31/2016

Table 3.1: Budget Neutrality Limit DY 3 (Special Terms and Conditions (STC) 106)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 416.32	4,621,656	$ 1,924,092,463	72.14%	$ 1,388,109,231	$ 1,551,002,476	$ 1,140,803,238
MEG02 - SSI & Related - Medicaid Only	$ 1,925.21	493,577	$ 950,239,887	72.14%	$ 685,537,096	$ 867,024,959	$ 614,417,916
MEG03 - SSI & Related - Dual Eligible	$ 1,937.21	447,801	$ 867,484,358	72.14%	$ 625,834,293	$ 609,543,096	$ 430,142,197
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	72.14%	$ 49,699,226	$ 68,889,323	$ 48,608,306
MEG09 HQII	NA	NA	$ 5,764,727	72.14%	$ 4,158,881	$ 7,359,077	$ 5,234,511
Grand Total			**$ 3,816,470,759**		**$ 2,753,338,726**	**$ 3,103,818,931**	**$ 2,239,206,168**

Table 3.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,248.77	2,987	$ 15,678,086	70.59%	$ 11,066,436	$ 7,580,640	$ 5,353,671
MEG 05 - "217 Like" Dual Eligible	$ 1,933.00	31,866	$ 61,596,973	70.59%	$ 43,478,457	$ 91,901,521	$ 64,866,189
Grand Total			**$ 77,275,059**		**$ 54,544,893**	**$ 99,482,161**	**$ 70,219,860**

Table 3.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 3 - PMPM	DY 3 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 3 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 638.31	3,078,074	$ 1,964,773,916	99.93%	$ 1,963,469,514	$ 1,363,072,290	$ 1,362,167,354
Grand Total			**$ 1,964,773,916**		**$ 1,963,469,514**	**$ 1,363,072,290**	**$ 1,362,167,354**

Table 3.4: DY 3 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,753,338,726**
Federal Share (Title XIX) Actual Reported	$ 2,239,206,168
Excess Spending - Test 1	$ 15,674,967
Excess Spending - Test 2	$ -
Total Actuals	$ 2,254,881,135
Difference (Actuals - Limit)	$ (498,457,591)
Percentage Difference	-18.1%

Notes:

1.) Member months as of October 3, 2017.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY19 Quarter 2 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY19 Quarter 2. Report pulled on 5/6/19.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 4

Start Date: 01/01/2017

End Date: 12/31/2017

Table 4.1: Budget Neutrality Limit DY 4 (Special Terms and Conditions (STC) 106)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 432.47	4,623,475	$ 1,999,533,921	72.98%	$ 1,459,222,240	$ 1,587,209,656	$ 1,179,293,907
MEG02 - SSI & Related - Medicaid Only	$ 2,008.00	487,798	$ 979,495,999	72.98%	$ 714,817,753	$ 844,630,483	$ 605,526,023
MEG03 - SSI & Related - Dual Eligible	$ 2,020.51	443,071	$ 895,229,176	72.98%	$ 653,321,411	$ 564,297,445	$ 402,872,884
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	72.98%	$ 50,274,132	$ 68,889,324	$ 49,178,366
MEG09 HQII	NA	NA	$ 8,825,544	72.98%	$ 6,440,716	$ 8,825,541	$ 6,368,511
Grand Total			**$ 3,951,973,963**		**$ 2,884,076,252**	**$ 3,073,852,449**	**$ 2,243,239,691**

Table 4.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,412.01	3,797	$ 20,549,402	71.42%	$ 14,675,374	$ 12,513,467	$ 8,935,097
MEG 05 - "217 Like" Dual Eligible	$ 2,016.12	40,409	$ 81,469,347	71.42%	$ 58,181,405	$ 112,740,295	$ 80,514,986
Grand Total			**$ 102,018,749**		**$ 72,856,778**	**$ 125,253,762**	**$ 89,450,083**

Table 4.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 4 - PMPM	DY 4 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 4 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 670.87	3,143,890	$ 2,109,131,150	95.16%	$ 2,007,009,127	$ 1,417,553,643	$ 1,348,917,112
Grand Total			**$ 2,109,131,150**		**$ 2,007,009,127**	**$ 1,417,553,643**	**$ 1,348,917,112**

Table 4.4: DY 4 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,884,076,252**
Federal Share (Title XIX) Actual Reported	$ 2,243,239,691
Excess Spending - Test 1	$ 16,593,305
Excess Spending - Test 2	$ -
Total Actuals	$ 2,259,832,996
Difference (Actuals - Limit)	$ (624,243,256)
Percentage Difference	-21.6%

Notes:

1.) Member months as of October 4, 2018.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY19 Quarter 1 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY19 Quarter 2. Report pulled on 5/6/19.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 5

Start Date: 01/01/2018

End Date: 12/31/2018

Table 5.1: Budget Neutrality Limit DY 5 (Special Terms and Conditions (STC) 106)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 449.25	4,422,198	$ 1,986,691,288	73.10%	$ 1,452,198,442	$ 1,477,110,678	$ 1,090,125,719
MEG02 - SSI & Related - Medicaid Only	$ 2,094.34	460,232	$ 963,881,780	73.10%	$ 704,562,218	$ 793,311,286	$ 575,180,064
MEG03 - SSI & Related - Dual Eligible	$ 2,107.39	431,739	$ 909,843,071	73.10%	$ 665,061,904	$ 554,220,460	$ 400,132,464
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	73.10%	$ 50,355,568	$ 68,889,323	$ 49,727,759
MEG09 HQII	NA	NA	$ 12,011,853	73.10%	$ 8,780,224	$ 12,011,853	$ 8,679,765
Grand Total			**$ 3,941,317,315**		**$ 2,880,958,355**	**$ 2,905,543,600**	**$ 2,123,845,771**

Table 5.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 107)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,580.32	3,335	$ 18,610,379	72.19%	$ 13,435,536	$ 12,028,697	$ 8,685,798
MEG 05 - "217 Like" Dual Eligible	$ 2,102.81	47,407	$ 99,688,007	72.19%	$ 71,968,538	$ 134,190,262	$ 96,875,192
Grand Total			**$ 118,298,386**		**$ 85,404,074**	**$ 146,218,959**	**$ 105,560,990**

Table 5.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 108)

MEG	DY 5 - PMPM	DY 5 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 5 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 705.08	3,018,580	$ 2,128,343,149	94.22%	$ 2,005,363,934	$ 1,458,756,082	$ 1,374,466,724
Grand Total			**$ 2,128,343,149**		**$ 2,005,363,934**	**$ 1,458,756,082**	**$ 1,374,466,724**

Table 5.4: DY 5 Assessment of Budget Neutrality (STC 102, 104, 111)

Federal Share (Title XIX) Budget Neutrality Limit	**$ 2,880,958,355**
Federal Share (Title XIX) Actual Reported	$ 2,123,845,771
Excess Spending - Test 1	$ 20,156,916
Excess Spending - Test 2	$ -
Total Actuals	$ 2,144,002,687
Difference (Actuals - Limit)	$ (736,955,668)
Percentage Difference	-25.6%

Notes:

1.) Member months as of April 2, 2019.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY19 Quarter 2 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY19 Quarter 2. Report pulled on 5/6/19.

ATTACHMENT A

New Mexico Budget Neutrality Monitoring Spreadsheet

- Budget Neutrality Limit Analysis

DY 6

Start Date: 01/01/2019

End Date: 12/31/2019

Table 6.1: Budget Neutrality Limit DY 5 (Special Terms and Conditions (STC) 97)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG01 - TANF & Related	$ 344.61	1,075,174	$ 370,510,540	72.96%	$ 270,340,864	$ 332,875,945	$ 244,682,584
MEG02 - SSI & Related - Medicaid Only	$ 1,881.37	113,585	$ 213,695,726	72.96%	$ 155,921,846	$ 195,025,393	$ 141,457,905
MEG03 - SSI & Related - Dual Eligible	$ 1,374.39	105,974	$ 145,649,437	72.96%	$ 106,272,266	$ 136,333,749	$ 98,514,786
MEG08 Uncompensated Care Pool	NA	NA	$ 68,889,323	72.96%	$ 50,264,695	$ -	$ -
MEG09 HQII	NA	NA	$ 12,011,853	72.96%	$ 8,764,379	$ -	$ -
Grand Total			**$ 810,756,879**		**$ 591,564,050**	**$ 664,235,087**	**$ 484,655,275**

Table 6.2: Supplemental Budget Neutrality Test 1: Hypothetical Groups (STC 99)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 04 - "217 Like" Medicaid Only	$ 5,747.30	897	$ 5,155,325	72.26%	$ 3,725,238	$ 2,763,152	$ 1,996,654
MEG 05 - "217 Like" Dual Eligible	$ 3,661.18	11,924	$ 43,655,969	72.26%	$ 31,545,804	$ 34,505,232	$ 24,933,481
Grand Total			**$ 48,811,294**		**$ 35,271,042**	**$ 37,268,384**	**$ 26,930,135**

Table 6.3: Supplemental Budget Neutrality Test 2: VIII Group (STC 100)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ 738.22	756,695	$ 558,607,170	93.23%	$ 520,810,502	$ 355,844,644	$ 331,767,363
Grand Total			**$ 558,607,170**		**$ 520,810,502**	**$ 355,844,644**	**$ 331,767,363**

Table 6.4: Supplemental Budget Neutrality Test 3: SUD/IMD (STC 101)

MEG	DY 6 - PMPM	DY 6 - Actual Reported Member Months [1]	Total Expenditure Budget Neutrality Limit [DY 6 - PMPM X Actual Member Months]	Composite FFP [2]	Federal Share (Title XIX) Budget Neutrality Limit	Actual Reported Expenditures	Federal Share (Title XIX) Actual Reported
MEG 06 - VIII Group - Medicaid Expansion	$ -	0	$ -	0.00%	$ -	DY6	
Grand Total			**$ -**		**$ -**	**$ -**	**$ -**

Table 6.5: DY 6 Assessment of Budget Neutrality (STC 93, 96, 105)

Federal Share (Title XIX) Budget Neutrality Limit	$ 591,564,050
Federal Share (Title XIX) Actual Reported	$ 484,655,275
Excess Spending - Test 1	$ -
Excess Spending - Test 2	$ -
Excess Spending - Test 3	$ -
Total Actuals	$ 484,655,275
Difference (Actuals - Limit)	$ (106,908,775)
Percentage Difference	-18.1%

Notes:

1.) Member months as of April 2, 2019.

2.) As defined in STC 109 - Composite Federal Share Rate is calculated based on CMS-64, Schedule C, FFY19 Quarter 2 submission.

3.) Expenditures as reported on the CMS-64 Schedule C, FFY19 Quarter 2. Report pulled on 5/6/19.

MAP Waivers

Waiver Name	A	01	02	03	04
MEG1-TANF & Related	0	1,486,761,008	1,533,676,361	1,551,002,476	1,587,209,656
MEG2- SSI Medicaid Only	0	824,959,005	882,930,360	867,024,959	844,630,483
MEG3- SSI DUAL	0	570,643,867	584,268,601	609,543,096	564,297,445
MEG4-217	0	6,662,076	5,591,208	7,580,640	12,513,467
MEG5- 217 DUAL	0	86,786,741	85,077,407	91,901,521	112,740,295
MEG6-VIII GROUP	0	856,040,269	1,309,470,613	1,363,072,290	1,417,553,643
MEG8-UHC-Uncompensated care	0	68,889,322	36,005,978	0	0
MEG9-HQII-Hospital Quality Improve Incentive	0	0	2,824,462	0	0
UC	0	0	0	0	0
Uncompensated Care "UC" Pool	0	1	31,288,995	68,889,323	68,889,324
Hospital Quality Improvement Incentive "HQII" Pool	0	0	0	7,359,077	8,825,541
Total	**0**	**3,900,742,289**	**4,471,133,985**	**4,566,373,382**	**4,616,659,854**

Waiver Name	A	01	02	03	04
MEG1-TANF & Related	0	1,070,403,042	1,116,180,307	1,140,803,238	1,179,293,907
MEG2- SSI Medicaid Only	0	574,925,356	619,373,502	614,417,916	605,526,023
MEG3- SSI DUAL	0	395,585,750	408,063,261	430,142,197	402,872,884
MEG4-217	0	4,617,664	3,906,915	5,353,671	8,935,097
MEG5- 217 DUAL	0	60,154,448	59,416,310	64,866,189	80,514,986
MEG6-VIII GROUP	0	856,015,394	1,309,411,673	1,362,167,354	1,348,917,112
MEG8-UHC-Uncompensated care	0	47,671,411	25,207,785	0	0
MEG9-HQII-Hospital Quality Improve Incentive	0	0	1,987,574	0	0
UC	0	0	0	0	0
Uncompensated Care "UC" Pool	0	1	21,781,306	48,608,306	49,178,366
Hospital Quality Improvement Incentive "HQII" Pool	0	0	0	5,234,511	6,368,511
Total	**0**	**3,009,373,066**	**3,565,328,633**	**3,671,593,382**	**3,681,606,886**

M-CHIP Waivers

Waiver Name	A	01	02	03	04
MEG7-CHIP GROUP	0	84,356,770	123,818,594	118,470,175	106,615,625
Total	**0**	**84,356,770**	**123,818,594**	**118,470,175**	**106,615,625**

Waiver Name	A	01	02	03	04
MEG7-CHIP GROUP	0	66,272,570	105,307,880	118,470,175	106,615,625
Total	**0**	**66,272,570**	**105,307,880**	**118,470,175**	**106,615,625**

ADM Waivers

Waiver Name	A	01	02	03	04
Admin	0	109,509,693	0	0	0
MEG1-TANF & Related	0	1,954,350	65,528,478	65,128,092	75,672,882
MEG2- SSI Medicaid Only	0	0	7,492,116	7,098,152	8,204,996
MEG3- SSI DUAL	0	0	6,533,901	6,432,635	7,626,009
MEG4-217	0	0	38,287	33,620	78,602
MEG5- 217 DUAL	0	0	408,067	443,667	673,384
MEG6-VIII GROUP	0	36,509,156	42,521,593	46,219,961	60,776,652
MEG7-CHIP GROUP	0	972,016	9,725,447	8,862,780	10,909,982
Total	**0**	**148,945,215**	**132,247,889**	**134,218,907**	**163,942,507**

Waiver Name	A	01	02	03	04
Admin	0	72,320,580	0	0	0
MEG1-TANF & Related	0	1,033,347	40,960,378	40,581,487	48,575,411
MEG2- SSI Medicaid Only	0	0	4,682,951	4,421,346	5,263,719
MEG3- SSI DUAL	0	0	4,084,108	4,007,329	4,887,719
MEG4-217	0	0	23,899	21,025	50,385
MEG5- 217 DUAL	0	0	255,098	276,989	432,086
MEG6-VIII GROUP	0	24,041,491	26,579,123	28,804,937	38,875,056
MEG7-CHIP GROUP	0	644,187	6,078,767	5,514,776	6,957,623
Total	**0**	**98,039,605**	**82,664,324**	**83,627,889**	**105,041,999**

Created On: Monday, May 6, 2019 11:55 AM

Schedule C
CMS 64 Waiver Expenditure Report
Cumulative Data Ending Quarter/Year : 2/2019

Summary of Expenditures by Waiver Year
Waiver: 11W00285

Total Computable

05	06	07	08	09	10	11	12	13
1,477,110,678	332,875,945	0	0	0	0	0	0	0
793,311,286	195,025,393	0	0	0	0	0	0	0
554,220,460	136,333,749	0	0	0	0	0	0	0
12,028,697	2,763,152	0	0	0	0	0	0	0
134,190,262	34,505,232	0	0	0	0	0	0	0
1,458,756,082	355,844,644	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
68,889,323	0	0	0	0	0	0	0	0
12,011,853	0	0	0	0	0	0	0	0
4,510,518,641	**1,057,348,115**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Federal Share

05	06	07	08	09	10	11	12	13
1,090,125,719	244,682,584	0	0	0	0	0	0	0
575,180,064	141,457,905	0	0	0	0	0	0	0
400,132,464	98,514,786	0	0	0	0	0	0	0
8,685,798	1,996,654	0	0	0	0	0	0	0
96,875,192	24,933,481	0	0	0	0	0	0	0
1,374,466,724	331,767,363	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
49,727,759	0	0	0	0	0	0	0	0
8,679,765	0	0	0	0	0	0	0	0
3,603,873,485	**843,352,773**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Total Computable

05	06	07	08	09	10	11	12	13
97,410,693	23,959,348	0	0	0	0	0	0	0
97,410,693	**23,959,348**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Federal Share

05	06	07	08	09	10	11	12	13
97,410,693	23,959,348	0	0	0	0	0	0	0
97,410,693	**23,959,348**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Total Computable

05	06	07	08	09	10	11	12	13
1,713,192	35,927,392	0	0	0	0	0	0	0
80,475,712	0	0	0	0	0	0	0	0
8,455,296	0	0	0	0	0	0	0	0
7,887,696	0	0	0	0	0	0	0	0
73,212	0	0	0	0	0	0	0	0
847,932	0	0	0	0	0	0	0	0
59,252,561	0	0	0	0	0	0	0	0
9,242,308	0	0	0	0	0	0	0	0
167,947,909	**35,927,392**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Federal Share

05	06	07	08	09	10	11	12	13
1,386,042	23,683,939	0	0	0	0	0	0	0
50,855,108	0	0	0	0	0	0	0	0
5,343,838	0	0	0	0	0	0	0	0
4,986,257	0	0	0	0	0	0	0	0
46,287	0	0	0	0	0	0	0	0
536,858	0	0	0	0	0	0	0	0
37,448,951	0	0	0	0	0	0	0	0
5,840,810	0	0	0	0	0	0	0	0
106,444,151	**23,683,939**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

14	15	16	17	18	19	20	21	22	23
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

14	15	16	17	18	19	20	21	22	23
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

14	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

14	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

14	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

14	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

24	25	Total	Total Less Non-Adds
0	0	7,968,636,124	7,968,636,124
0	0	4,407,881,486	4,407,881,486
0	0	3,019,307,218	3,019,307,218
0	0	47,139,240	47,139,240
0	0	545,201,458	545,201,458
0	0	6,760,737,541	6,760,737,541
0	0	104,895,300	104,895,300
0	0	2,824,462	2,824,462
0	0	0	0
0	0	237,956,966	237,956,966
0	0	28,196,471	28,196,471
0	**0**	**23,122,776,266**	**23,122,776,266**

24	25	Total	Total Less Non-Adds
0	0	5,841,488,797	5,841,488,797
0	0	3,130,880,766	3,130,880,766
0	0	2,135,311,342	2,135,311,342
0	0	33,495,799	33,495,799
0	0	386,760,606	386,760,606
0	0	6,582,745,620	6,582,745,620
0	0	72,879,196	72,879,196
0	0	1,987,574	1,987,574
0	0	0	0
0	0	169,295,738	169,295,738
0	0	20,282,787	20,282,787
0	**0**	**18,375,128,225**	**18,375,128,225**

24	25	Total	Total Less Non-Adds
0	0	554,631,205	554,631,205
0	**0**	**554,631,205**	**554,631,205**

24	25	Total	Total Less Non-Adds
0	0	518,036,291	518,036,291
0	**0**	**518,036,291**	**518,036,291**

24	25	Total	Total Less Non-Adds
0	0	147,150,277	147,150,277
0	0	288,759,514	288,759,514
0	0	31,250,560	31,250,560
0	0	28,480,241	28,480,241
0	0	223,721	223,721
0	0	2,373,050	2,373,050
0	0	245,279,923	245,279,923
0	0	39,712,533	39,712,533
0	**0**	**783,229,819**	**783,229,819**

24	25	Total	Total Less Non-Adds
0	0	97,390,561	97,390,561
0	0	182,005,731	182,005,731
0	0	19,711,854	19,711,854
0	0	17,965,413	17,965,413
0	0	141,596	141,596
0	0	1,501,031	1,501,031
0	0	155,749,558	155,749,558
0	0	25,036,163	25,036,163
0	**0**	**499,501,907**	**499,501,907**

MEMBER MONTHS **CY 2016 Quarter**

CENTENNIAL CARE MEG REPORTING

Eligibility Group	1	2	3	4
Population 1 – TANF and Related	1,130,779	1,150,300	1,169,603	1,170,974
Population 2 – SSI and Related – Medicaid Only	123,597	122,633	123,728	123,619
Population 3 – SSI and Related - Dual	110,017	111,379	113,425	112,980
Population 4 – 217-like Group – Medicaid Only	566	1064	564	793
Population 5 – 217-like Group - Dual	6,938	8,390	7,911	8,627
Population 6 – VIII Group (expansion)	753,995	761,293	778,625	784,161
Population 7 - CHIP Group	151,824	140,006	134,983	132,292
Total	**2,277,716**	**2,295,065**	**2,328,839**	**2,333,446**

Report extracted on October 3, 2018.

	CY 2017 Quarter					CY 2018 Quarter		
Total	**1**	**2**	**3**	**4**	**Total**	**1**	**2**	**3**
4,621,656	1,180,160	1,170,146	1,145,575	1,127,594	**4,623,475**	1,129,981	1,116,304	1,090,794
493,577	124,408	125,136	122,027	116,227	**487,798**	116,043	115,944	114,383
447,801	111,537	111,883	111,273	108,378	**443,071**	108,032	108,101	108,109
2,987	1,133	1,006	857	801	**3,797**	830	835	852
31,866	9,714	10,023	10,181	10,491	**40,409**	11,050	11,820	12,255
3,078,074	806,114	802,658	773,108	762,010	**3,143,890**	762,410	756,109	746,968
559,105	133,031	130,727	123,340	117,212	**504,310**	117,719	113,236	109,500
9,235,066	**2,366,097**	**2,351,579**	**2,286,361**	**2,242,713**	**9,246,750**	**2,246,065**	**2,222,349**	**2,182,861**

		CY 2019 Quarter				
4	Total	1	2	3	4	Total
1,085,119	**4,422,198**	1,075,174				**1,075,174**
113,862	**460,232**	113,585				**113,585**
107,497	**431,739**	105,974				**105,974**
818	**3,335**	897				**897**
12,282	**47,407**	11,924				**11,924**
753,093	**3,018,580**	756,695				**756,695**
111,624	**452,079**	113,238				**113,238**
2,184,295	**8,835,570**	**2,177,487**	**0**	**0**	**0**	**2,177,487**

Table #9 - Waiver Year 5 Expenditures

Medicaid Eligibility Group (MEG)	Program Expenditures	Administrative Expenditures
MEG01 - TANF & Related	$ 1,477,110,678	$ 80,475,712
MEG02 - SSI & Related - Medicaid Only	$ 793,311,286	$ 8,455,296
MEG03 - SSI & Related - Dual Eligible	$ 554,220,460	$ 7,887,696
MEG04 - "217 Like" Medicaid Only	$ 12,028,697	$ 73,212
MEG05 - "217 Like" Dual Eligible	$ 134,190,262	$ 847,932
MEG06 - VIII Group - Medicaid Expansion	$ 1,458,756,082	$ 59,252,561
MEG07 - CHIP	$ 97,410,693	$ 9,242,308
Uncompensated Care "UC" Pool	$ 68,889,323	N/A
Hospital Quality Improvement Incentive "HQII" Pool	$ 12,011,853	N/A
Grand Total	**$ 4,607,929,334**	**$ 166,234,717**

Source: New Mexico CMS 64 Submission, FFY 19 Quarer 2, May 6, 2019.